TION is very important.

-WRITE

V. S. No. 1

# STATE OF MARYLAND—CERTIFICATE OF DEATH

1	1. PLACE OF DEATH  County Carroll				<u> </u>	ef
	Village or City_S_	ykesvill	0		Registration Dist. No.  St.,  death occurred in a hospital or institution, give its NAME instead of street and in the st	
	2. FULL NAME (a) Residence: No.	ALLEN WA	RFIELD 504 N. altimor (Usualplace		V C	State
-	PERSONAL AI	ND STATISTI	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
3.		or or RACE		RIED, WIDOWED, D (write tha word)	21. DATE OF DEATH September 3, (Month) (Day)	, 193 5 (Year)
5a.	. If married, widowed, or div HUSBAND of (or) WIFE of		011 30	1000	22. I HEREBY CERTIFY, That I attended August 6, 19 35 to Sept. 3,	19 35
-	DATE OF BIRTH (month, d AGE Years 47	ay, and year) M Months	ay 12, Deys 22	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at 4:152 m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	_; death is said
OCCUPATION	8. Trada, profession, or kind of work done SAWYER, BOOKKE SAWYER, BOOKKE SAWYER, BOOKKE SAW MILL, BANK 10. Data deceased last withis occupation (myear)UKAL	e, as SPINNER, EPER, etc	11. Total t	ur and ainter  ime (yaars) nin this Unk •	Epilepsy	Unk.
12	. BIRTHPLACE (city or town (Stata or country)	, Balti	more, M	ld.	Other Coutributory Causes of importance: Status Epilepticus Diabetes	9-1-35
2	13. NAME Thom	as E. Ar	nold		- Diagetes	Unk
FATHER	14. BIRTHPLACE (city or			o., Md.	Name of operation Date of What test confirmed diagnosis? Was there an	fused autopsy?
MOTHER	15. MAIDEN NAME E  16. BIRTHPLACE (city or (State or country)			., Md.	23. If death was due to externel ceuses (VIOLENCE) fill in elso the following Accident, suicide, or homicide? Date of injury Where did injury occur?	
		kesville		S.Hosp.,	(Specify city or town, county and Sta Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	
18	Burial, CREMATION, OF	REMOVAL	C Date Seff	1 5, 19.35	Manner of injury	
19	UNDERTAKER (Address)	illin	och z	nd.	24. Was disease or injury in any way related to occupation of deceased?	
20	FILED SHAW 3	, 1935 @	Harry	Registrar	(Signed) JOHNA WILLIAM A	M.D.

If more blanks are needed, address State Registrar, 24.11 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	I	Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephrifis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
Other contributory causes of importance Q	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year		

	ADDITIONAL S	PACE FOR FUR	RTH	ER STATEMEN	TS BY	PHYSIC	IAN			
Neurological	symptoms	suggested	a	localized	lesi	on of	left	side	of	brain.

S.

# STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	CERTIFICATE OF BEATT	
County Carroll County, Sykesville	Md. Registration Dist. No. 74	4
Village or City Sykesville. Md.	No. Springfield State Hospital  f death occurred in a hospital or institution, give its NAME instead of street and to	Ward
(a) Residence: No. Myersville, Maryland.	L. U.S. Yeteran specify WAR	
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and MEDICAL CERTIFICATE OF DEATH	State
3. SEX  Male  4. COLOR OR RACE  White  5. SINGLE, MARRIED, WIDOWED,  Mairred (arite the word)	21. DATE OF DEATH September 15, 1935 (Month) (Day)	, 193
5a. If marriad, widowed, or divorced HUSBAND of Rosa C. Baker	22. I HEREBY CERTIFY, That I attended Sept. 23, 1932, to Sept. 15,	dacaasad from
6. DATE OF BIRTH (month, day, and year) February 28, 1888 7. AGE Yaars Months Days If LESS than 1 day,hrs. orhrs.	to have occurred on the data stated above, at 1:05 mp • m •  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	; death is said
8. Trada, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was dona, as SILK MILL Laboring (farm)  10. Data dacaased last worked at this occupation (month 25 spant in this 3 yr occupation)	Influenza Organic brain disease (post-	9-13-3
12. BIRTHPLACE (city or town) Dayton, Ohio.  (State or country)	Other Contributory Causes of importance:	7-15-3
13. NAME Louis Baker  14. BIRTHPLACE (city or town) Frederick County,  (State or country) Maryland.	Acute dilatation of heart,  Name of operation	
15. MAIDEN NAME Martha Shade  16. BIRTHPLACE (city or town) Dayton  (State or country) Ohio  (Records)	23. If death was due to external causes (VIOLENCE) fill in also the following Accident, suicide, or homicide? Data of injury Where did injury occur? (Specify city or town, county and State	, 19
17. INFORMANT Springfield State Hospital  (Address) Sykesville, Md.  18. BUNIAL, CREMATION, OR REMOVAL	Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PL/	ACE.
19. UNDERTAKER Gladlill y Co.  (Address) Middlelowil Md.  20. FILED Glik 15', 1905' Charry New	Natura of Injury:  24. Was disaasa or injury In any way ralated to occupation of dacaasad?  If so, spacify  (Signed)	No.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balantore, Requesting V. S. No. 1.

V. S. No. 1

-WRITE PLAINLY, WITH

B

PHYSICIANS should state

of OCCUPA.

Exact statement

UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-

ARGIN RESERVED FOR BINDING

mation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Ghildren not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephrilis OCT 4 1933	1921	Run over by street car	1 week ago		
Cerebral hemorrhage BUREAU V. S.	July 5,1927	Peritonitis	3 days ago		
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

V. S. No. 1 N. B.—

STATE OF MARYLAND—	CERTIFICATE OF DEATH 9752
1. PLACE OF DEATH	937
County Carrocc,	Registration Dist. No.
Village or City M.T. Clay	NoSt., Ward
Length of residence in city or town where death occurred	death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME Walter Allen 1	20 mille
(a) Residence: No.	sum not in any War
(Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
Mac white married	(Month) (Day) (Yaar)
5a. If merriad, widowed, or divorcad HUSBANO of	
(or) WIFE of Mary Baynevelle	1 HEREBY CERTIFY. Thet lattended dacasasd from
6. DATE OF BIRTH (month, day, and year) March 14, 18 70	I last saw h a aliva on Share 17, 19 3 daath is said
7. AGE Years Months Days If LESS than	to have occurred on the data stated above, at 1 3 90 m.
6.5 6 9 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance ware as follows:
8 Trade profession or particular	acute heart allack Oate of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Sudden death -
9 Industry or businass in which work was dona, as SILK MILL, SAW MILL, BANK, atc	Free dead on strup
U 10. Data deceased last worked at 11. Total time (years)	acute heart attack (andden). Had yone for a
this occupation (month and spant in this occupation	walke rofter suffer o Cent of
12. BIRTHPLACE (city or town)	Other Contributory Causes of Importance:
(Stata or country) Somether lu,	Amend had not loom treated for my dis-
13. NAME David Banneville	
13. NAME Savid Banneville 14. BIRTHPLACE (city or town)	Nama of operation
(Stata of country)	What tast confirmed diagnosis? Physical Landin Was there an autopsy? Item
15. MAIDEN NAME USE above	23. If daath was due to external causes (VIOLENCE) fill In also the following:
15. MAIDEN NAME Uster about	Accidant, suicide, or homicida? Data of injury, 19
(Stata or country)	Whara did injury occur
17. INFORMANT May Barnevelle,	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Addrass) 18. BURIAL, CREMATION, OR REMOVAL	12
Place Piner From ampate Sept, 20 1975	Mannar of Injury
AM SIA	Netura of injury
19. UNOERTAKER (Addrass)	24. Was diseasa or injury In any logy related to occupation of daceased?  If so, specify
Sett. 19 25 Mm/ 1 Ausbert	(Signed) Milan Vasce M.D.
20. FILEO Registrar.	(Addrass) Mr air min.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Ballimore, Requesting U. S. No. 1.

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Example I	Mary Mary Mary Mary Mary Mary Mary Mary	Example II			
The principal cause of death and related car of importance were as follows:  Arteriosclerosis	uses Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
		Attack of epilepsy	1 week ago		
Chronic interstitial nephrilis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago		
BUREAU	V. 11				
Other contributory causes of importance:	===	Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

AGE should be

CAUSE OF DEATH in plain terms, so that it may be TION is very important. See instructions on back of

mation should be carefully supplied.

properly classified.

certificate.

PHYSICIANS should state Exact statement of OCCUPA- STATE OF MARYLAND-CERTIFICATE OF DEATH

1.	PLACE OF DEAT	Н	Maryl			is Sanato	rium	
	County Carrol	1		Color	ed Bran	nch 23	Registration Dist. No. 74	
	Village or City Her	ryton,	Marylan	d	No.	(above)	St.,	Ward
	Length of residence In cit	v or town where r	leath occurred 2	vrs 4 mos	death occurred i	n a hospital or institution How long in U.S. if of t	on, give its NAME instead of street a foreign birth?yrs	nd number)
2	FULL NAME		eresa Br				AR SERVICE -	
4-	(a) Residence: NoHe				d c.		THI OLIVIOL -	-1/01/17
	(a) Residence. Notes	J. J	(Usual place of		or • 2(.,		If nonresident give city or town	and State
	PERSONAL AN		ICAL PARTIC	CULARS			RTIFICATE OF DEATH	1
3. SE	1	or RACE	5. SINGLE, MARK OR DIVORCED Marri	RIED, WIDOWED, (write the word) CQ	21. DATE		ept., 19, 1935	9 . 193 (Year)
5a, I	f married, widowed, or divor HUSBAND of (or) WIFE of		seph E.	Brown	22. Jay 1	I HEREBY	CERTIFY, That I attend	ded deceased from
6 D	ATE OF BIRTH (month, day	and year) To	eb., 11,	1895	Liast saw h	er alive on Se	pt., 19, 1935	double eaid:
7. AC		Months 7	Days 8	If LESS than 1 day,hrs. ormin.	to have occur	red on the date stated	above, at 11 . OQm,A. A	1.
NO	& Irade, profession, or particular kind of work done, as SPINNER, Graduate Nurse SAWYER, BOOKKEEPER, etc.			were as rollo	Pulmonar	y Tuberculosis	Data of onset	
OCCUPATION	9. Industry or business in which work was done, as SILK MILL, Unknown SAW MILL, BANK, etc.							July
000	10. Date deceased last work this occupation (mon year)	and he had	11. Total tip	me (years) t in thisUnkno pation				1932
12. E	BIRTHPLACE (city or town) (State or country)	Charle	ottesvil	le	Other Contrib	utory Causes of Import	ance:	
2	13. NAME	Rober	t Brown					****
FATHER	14. BIRTHPLACE (city or too (State or country)	vn)Charlo	ottsvill nia	е		ation	Date of Was there	3.7
ER .	15. MAIOEN NAME	Kather	rine Ric				es (VIOL ENCE) fill in also the follow	
MOTHER	16. BIRTHPLACE (city or too (State or country)	Charlo Virgir	ttsvill	е	Accident, suic	ide, or homicide?	Date of injury	.=, 19
	NFORMANT John (Address) Henry	E. O'Ne	eill, M. aryland.	D.	Specify wheth	ner injury occurred in l	(Specify city or town, county and NDUSTRY, in HOME, or in PUBLIC	Stale) PLACE.
18. B	Place Place	1	Date 9/2	3/35	Manner of inju	ury		
19. U	INDERTAKER (Address)	20/10	a and	2	24. Was diseas		related to occupation of deceased?	No.
20. F	ILED 9/19/35,1	1/2/	N 60	Mice, Registrar.		Address)	There G. OU	elle. M. D
	C	If more	blanks are needed, as	ddress State Registrar,	2411 N. Charles	Street, Baltimore, Requ	esting U. S. No. 1.	1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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. .

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Example I		Example 11		
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	,	
21.00,000,000	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

W)	N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of infor-	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-
SINDING	ERMANENT RECOR	classified. Exact s
ARGIN RESERVED FOR BINDING	THIS IS A PI	y be properly
IN RESERV	DING INK-	so that it ma
TARG	WITH UNFA	in plain terms,
1	WRITE PLYINLY,	CAUSE OF DEATH in plain terms, so that it may be properly
V. S. No. 1	N. B.	(

1. PLACE OF DEATH	-CERTIFICATE OF DEATH 9754			
County Carroll	Registration Dist. No. 77			
	No. St. Ward			
Village or City Hampetter	(If death_occurred in a hospital or institution, give its NAME instead of street and number)			
Length of residence in city or town where death occurred	osds. How long in U.S. if of foreign birth?yrsmos ds.			
2. FULL NAME Harney & Buch	nan			
(a) Residence: No.	St., Ward.			
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH			
3, SEX 4. COLOR OR RACE 5, SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH			
OR DIVORCED (write the word)	9 / 198. 5			
	(Month) (Day) (Year)			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Goldin	22.   HEREBY CERTIFY, That I attended deceased from			
De un Wan	, 19, to, 19			
6. DATE OF BIRTH (month, day, and year)	I last saw h; death is said			
7. AGE Years Months Days If LESS than	to have occurred on the date stated abova, at 12.5 Am.  The PRINCIPAL CAUSE OF DEATH and related causes of importance			
38 10 /S or min.	were as follows:			
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Granture Jospanl canal			
SAWYER, BOOKKEEPER, etc.	Thy accident : During a fight he was			
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	Throcked, on fushed and the street, and			
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	struck by a passing automobiles. Fractive of			
The state of the s	skull and hemorrage, from the impact, caused his			
12. BIRTHPLACE (city or town) Hampstrate  (Stata or country)  13. NAME Peter Bruchman	Other Contributory Causes of importance: Leath. Curson			
12. BIRTHPLACE (cily or town)	Hermorange and fractive of skull			
13, NAME Poter 12 showing	Token Struck by the Joseing automobile, adused			
	Name of operation. Date of			
14. BIRTHPLACE (city or town) Alampson (State or country)	What test confirmed diagnosis?			
·   &	23. If death was due to external causes (VIOL ENCE) fill in also the following:			
16. BIRTHPLACE (city or town) Lawfester	Accident, suicide, or homicide? accided Date of injury 9 - 1, 1934.			
16. BIRTHPLACE (cily or town)	Where did injury occur? Handaland my			
4/ 1000	Specify city or town, county and Stata) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.			
	whice road			
18. BURIAL CREMATION OR REMOVAL	, Manner of injury accidental doubt			
Place Veesley Clivetenpate Sept 3, 193	Nature of Injury traction of strull			
19. UNDERTAKER Edeo & Tepton	24. Wes disease or injury in any way related to occupation of deceased?			
19. UNDERTAKER OF THE CAMERA CARRIED TO THE CAMERA CARRIED TO THE	If so, specify / The			
Vita 11 8 chi	(Signed herman E. Flanca Com M.			
20. FILED Set de 1935 John Se Hughes Reginner	(Address) Delimination and			
If more blanks are needed, address State Registr.	ar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.			

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis F	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
2 1 5.			
Other contributory causes of uniportance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	<b>FURTHER</b>	STATEMENTS	BY	PHYSICIAN
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mm 17 1878

2/000

-WRITE PLA

V. S. No. 1 B. 9755

	County Carro				ed Branch (23) Registration Dist. Np. 74	
	Village Dr City_He			(1	ND. (ADOVE)  If death occurred in a horpital or institution, give its NAME instead of street and numb  s. 11 ds. How long in U.S. if of foraign birth2	War
2.	FULL NAME	Mary Cat	herine :	Butler ince Geor	rgest,Co., Wid.	or .
-	PERSONAL AI	ID STATIST	(Usual place		If nonresident give city or town and Stat  MEDICAL CERTIFICATE OF DEATH	e
3. S	EX 4. COL	or or race	5. SINGLE, MAR	RIED, WIDOWED, D (write tha word)	21. DATE OF DEATH  September 26, 193, (Month) (Day)	(Year)
	If married, widowed, or div HUSBANO of (or) WIFE of				22. I HEREBY CERTIFY. That I attended deca July 15, 1935, 19 to Sept., 26, 1	1935
	OATE OF BIRTH (month, da				I last saw h. e.r. ative on Sept., 26, 1936; de to have occurrad on the data statad abova, at 5, 00 mA. M.	eath is sa
·	7. AGE Yaars Months Days If LESS than 1 day,hrs.				The PRINCIPAL CAUSE OF DEATH and ralated causes of importance were as follows:	
OCCUPATION	8. Trada, profassion, or i kind of work done sAWYER, BOOKKE andustry or business i work was dona, as SAW MILL, BANK, 10. Date deceased lest withis occupation (myear)	, as SPINNER, EPER, etc n which SILK MILL, etc	11. Total ti	lar chool ime (years) nt in this upation Unknow		uly 935
12.	BIRTHPLACE (city or town (State or country)		stville land		Other Contributory Causes of Importance:	
ER	13. NAME	Jame	s Butle	r		
FATH	14. BIRTHPLACE (city or to (Stata or country)		ington rict of	Columbia	Name of operation Date of	psv? N
MOTHER	15. MAIDEN NAME  16. BIRTHPLACE (city or to (State or country)	own) St.	erine B Marys C land		23. If death was due to external causas (VIOL ENCE) fill In also the following:  Accident, suicide, or homicide?	, 19
	(Address) Heni	yton, M	eill, M aryland	.D.	(Specify city or town, county and State) Specify whathar injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18,	SURIAL, CREMATION, OB	DEMOVAL YILL	Loate 9/-	19 JS	Menner of Injury	
19.	UNDERTAKER (Addrass)	W The	ou s	wed	24. Was disaase or injury In eny way ralated to occupation of dacaased? NO	)

Deputy Local If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial nephritis A 1930	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V.	3. (4		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I	Total Control of the	Example II	437
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 001 ( 1909	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:	egy control man b	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			347-14-

	STATE OF	MARYL	AND-	CERTIF	ICATE	OF	DEATH
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3.0	1	0 1	1
U	16	J	4

1. PLACE OF DEATH	
County Carroll	Registration Dist. No.
Village or City Usion Mulls md.	
Village of City Office / / Const.	No. St., Ward  (If death occurred in a horpital or institution, give its NAME instead of street and number)
Length of rasidence in city or town where death occurredyrs,	mos. 2.8 ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Carroll Laneme Ga	Click If U.S. Veteran specify WAR.
(a) Residence: No. Uman mults >20	Le St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (purite the word)	
The While single	(Month) (Day) (Yaar)
5a. If marriad, widowad, or divorced	
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended dacaased from
. 31	, 19, to, 19,
6. DATE OF BIRTH (month, day, and year) July 30,1935	I lest sew h aliva on, 19; death is said
7. AGE Yaars Months Days If LESS than	to have occurred on the date stated above, at 1:30 fc.m.
/ 2826 ormin.	1 10 I MINOR WE CHOSE OF DEVIA and Larged Canada Al Hillhortaines
8. Trada, profassion, or particular	were as follows:  Date of opened  9/10/2 C.
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc.	110/35
9. Industry or business in which	
work was done, as SILK MILL, SAW MILL, BANK, etc.	
11. Total time (yaers)	
O this occupation (month and spent in this year)	
14	Othar Contributory Causes of importance:
12. BIRTHPLACE (city or town) White Mills	tre mature
(State or country)	
13. NAME Joseph Lester Click	
14. BIRTYPELACE (city or town) Errittsburg	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Games Catherine S-he	
16. BIRTHPLACE (city or town) Bradlock	23:11 death was due to axternal ceuses (VIOLENCE) fill in also the following:
0 16. BIRTHPLACE (city or town) 1322 dacts	Accident, suicide, or homicide?
(Stete or country)	Whare did injury occur? (Specify city or town, county and State)
17. INFORMANT Sarents	Spacify whethar Injury occurred In INOUSTRY, In HOME, or in PUBLIC PLACE.
(Address) Union millo med.	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Zmittsburg Date 24, 29, 19-3	Nature of injury
J. Francis Reese	
19. UNDERTAKER	24. Wes disease or injury in eny way ralated to occupation of deceasad?
(Address)	If so, spacify
20. FILED 9 3 6 1930 FCC OF WORLD	(Signaturness & Harray as Coron M.D.
Registran	(Addrass) Messonatin Just.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

N. B.

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Example		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 057 7 1955	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage REAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

N. B.

# STATE OF MARYLAND—CERTIFICATE OF DEATH

9758

1. PLACE OF DEATH	82-a)
County_Carroll	Registration Dist. No.
Village or City Sykesville S	pringfield State Hospital St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
	s. 28 ds. How long In U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME Joseph Cooney (a) Residence: No. 21 North Linwood Street	
(Usual place of abode)	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS  3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Male  4. COLOR OR RACE White  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single	September 10th, 1935.
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from July 7th, 1931, to September 10,1935
6. DATE OF BIRTH (month, day, and year) Unknown, Unknown, 7. AGE Years Months 1882 Days If LESS than Unknown Unknown day,hrs.	I last saw him alive on September 9th, 19. 35, death is said to have occurred on the date stated above, at 5: 30. 20. 10.
8. Trade, profession, or particular kind of work done, as SPINNER, Clerk SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Apoplexy 9/10/35
12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland	Other Contributory Causes of importance: Arteriosclerosis Prior to 6/12/31
置 13. NAMEPatrick Cooney	
13. NAMEPatrick Cooney  14. BIRTHPLACE (city or town). Unknown (State or country) Ireland	Name of operation None & lab. findings What test confirmed diagnosis? Was there an aulopsy? No.
15. MAIOEN NAME Sarah Farley 16. BIRTHPLACE (city or town). Unknown (State or country) Scotland	23. If death was due to external causes (VIDLENCE) fill in also the following:  Accident, suicide, or homicide?
17. INFORMANT Springfield State Hespital (Address) Sykesville, Md.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURNAL GREMATION, OR, REMOVAL  HOLLY KE GEEWEN Oat Sefet 12, 1935	Manner of injury
19. UNOERTAKER Haur V. Pefefictores (Addryss) Baltiman med	24. Was disease or injury in any way related to occupation of deceased? No
20. FILEDSELLO, 1936 OHarry Kill	(Signed) (Address) Action (Address) Action (Address) (Address)

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If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

(S.S. Hoop)

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Example I VED		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 N. B.

-WRITE PL. KLY, WITH UNFADING INK-THIS IS A PERMANENT RICHARD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
RMANENT R	XACTLY.	classified. Exa	
HS IS A PE	be stated E	be properly	of certificate.
NFADING INK-T	plied. AGE should	rms, so that it may	nstructions on back
RITE PL. KLY, WITH U.	tion should be carefully sup	USE OF DEATH in plain te	TION is very important. See instructions on back of certificate.

STATE (	OF	MARYL	AND-	CERTIF	FICATE	OF	DEATH
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3759

1. PLACE OF DEATH		(3)		Up	1
Village or City Mylers Di	stc.	No.	Registration Di	st. No.	War
Length of residence In city of town where death occurred.	yrs mos.	death occurred in a hospital or instit	ution, give its NAME i		number)
2. FULL NAME Cloraham	Trank	lin Crouse			
(a) Residence: No. (Usual pla	ace of abode)	St., Ward.	II nonresident gi	ve city or town and	State
PERSONAL AND STATISTICAL PAR	TICULARS	MEDICAL C	ERTIFICATE	OF DEATH	
M. J. OR DAVOR	ARRIED, WIDOWED. CED (write the word)	21. DATE OF DEATH	Sept.	Ath.	, 193 5 (Year)
a. If married, widowed, or divorced HUSBAND of (or) WIFE of Legobeth Shan	er) Crouse	22. I HEREB	Y CERTIFY	That I attended	
B. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	29, 1856  If LESS than 1 day, hrs. or min.	to have occurred on the dete stat The PRINCIPAL CAUSE OF DEA were as follows	ed ebove, et 9: 4	S.m.	Date of on
this occupation (month and syear) o	Tormer) at time (years) apent in this crupation	Other Contributory Causes of imp	ortence:		
(State or country)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  (State or country)	nd 2	Name of operation			u'opsy?
15. MAIDEN NAME Sligabeth / 16. BIRTHPLACE (city or town) Maryla (State or country) Maryla  17. INFORMANT William C. 13. (Address) Mustiningae	nd sh	23. If death wes due to external ca Accident, suicide, or homicide? Where did injury occur? Specify whether injury occurred	uses (VIOLENCE) fill i  Da	n also the following te of injury wn, county and Stat	: , 19
18. BURIAL, CREMATION, OR REMOVAL Carroll By Place Kridles Cem. md. Date	pt. 12, 1995	Manner of Injury			
19. UNDERTAKER Sittle & So (Address) Sittlestown, PA.	Pey R. A.L.	24. Wes disease or injury In env	way related to occupati	on of deceased?	n
20. FILED Seft: 11-, 19 35. Calerne	Registrar.	(Signed) (Address) (Address) 2411 N. Charles Street, Baltimore, R	The	thunda	J.

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Example I	1	Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ARGIN RESERVED FOR BINDING	N. B.—WRITE PLAINEY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	s on back of certificate.
V. S. No. 1	N. BWRITE PLAINEY, WITH UNFADI	mation should be carefully supplied.	CAUSE OF DEATH in plain terms, se	TION is very important. See instructions on back of certificate.

STATE OF	MARYLAND-	CERTIFICATE OF DEATH	0800
1. PLACE OF DEATH		<u> </u>	9760
County Carroll		Registration Dist. No. 75	<del>-</del> )
Village or City Quanel	rester	NoSt	Ward
Length of residence in city or town where dea		death occurred in a hospital or institution, give its NAME instead of street ds. How long in U.S. if of foreign birth?yrs	
(a) Residence: No.	(Usual place of abode)	St., Ward.  If nonresident give city or tow	n and State
PERSONAL AND STATISTIC		MEDICAL CERTIFICATE OF DEAT	
	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month)	, 1935 -
5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of		22. I HEREBY CERTIFY, That I atte	ended decaased from
5. DATE OF BIRTH (month, day, and year)	bt1-1935	I last saw h alive on, 19.	
7. AGE Years Months	Days If LESS than I day,hrs. ormin.	to have occurred on the data stated above, atm.  Tha PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.		Stillborn	Data of ones
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc			
10. Data deceased last worked at this occupation (month and year)	11, Total time (years) spent in this coccupation		
12. BIRTHPLACE (city or town)	yland	Other Contributory Causes of Importance:	
13. NAME GONGE, R. C	ullison		
14. BIRTHPLACE (city or town) Bal	to. Co	Name of operation Date	of
(State of Country)	1 -4.1	What test confirmed diagnosis? Was ther	a an autopsy?
15. MAIDEN NAME TO Ildre  16. BIRTHPLACE (city or town) I Sale  (State or country)	d Harrow to	23. If death was due to external causes (VIOLENCE) fill in also the fol Accident, suicide, or homicide? Date of injury	
17. INFORMANT & R Cull (Address)	ism	Where did injury occur? (Specify city or town, county ar Specify whether injury occurred in INDUSTRY, in HOME, or in PUBL	nd State) IC PLACE,
18. BURIAL, CREMATION, OR REMOVAL Place In garden	Date Sept 7 , 1935	Manner of Injury	
19. UNDERTAKER LR Cull (Address) mane	user and	24. Was diseasa or injury In any way related to occupation of decease  If so, specify	d?
20. FILED Sept. 7 , 1935 9n w	Registrar.	(Signed) Whatehearte	- hud

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis OCT 5 1955	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V. S.	July 5,1927	Peritonitis	3 days ago
The second secon			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND	CERTIFICATE OF DEATH 9761
1. PLACE OF DEATH	97)
County Glikall	Registration Dist. No. 7.4
Village or City Ly Resurtles	ND A Maria of select Balan Mass full Ward death occupred in a horpital of institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	22_ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME every May Davidson	If U.S. Veteran specify WAR
(a) Residence: No. (Usual place of abode)	St., Ward. Frakes els, Wat land.  If nonresident give city or town and State.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH  Lifetisules 3 1, 193 5  (Month) (Day) (Year)
(or) WIFE of (Mulling Can) A avidean.	220 I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Way 26, 1865	I last saw h Lk alive on Settlemen 9, 1935; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 7. K-Pm.
70 3 7 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done as SPINNER	A Date of onest
kind of work dome, as SPINNER, hausewefe.  SAWYER, BDOKKEEPER, etc.  9. Industry or business in which	Leural arlinos clerans 1926
work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupation (month and year) spant in this occupation	
12. BIRTHPLACE (city or town) - Lederight	Dther Contributory Causes of Importance:
(State or country) Waryland.	
13. NAME V. A. Culsacu	
(State or country)	Name of operation Date of
15. MAIDEN NAME LOS OF THE SAME	What test confirmed diagnosis? Was there an autopsy?
	23. If death was due to external causes (VIDL ENCE) fill in also the following:  Accident, suicide, or homicide?
2 16. BIRTHPLACE (city or town)  (State or country)  Warshard	Where did injury occur?
17. INFORMANT Kaspetal Reado	(Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, in HDME, or In PUBLIC PLACE.
18. BUDAL, OREMATION OF REMOVAL Selection of Removal	Manner of injury
19, UNDERTAKER B. B. Call Jue. (Address) Damonus Wide	24. Was disease or injury in any way related to occupation of deceased? If so, specify
20. FILED SELLEH , 1925 C / Facy Well Registrar.	(Signed) Wassed III Telso M. D.  (Ardress) Lykewille Med

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5,1927 Peritonitis  Other contributory causes of importance:

V. S. No. 1

STATE	OF	MARVI	AND-CERTIFICATE	OF DEATH
SIAIE	UF	WARIL	AND-CERTIFICATE	OF DEATH

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9	6	ľ	,	6

1. F	PLACE OF	DEAT	ГН	Mary]			s Sanator	rium		
	County Ca	arro.	11		Colore	d Branc	h (23)	Registration Dis	t. No. 74	
			enryton ty or town where d	, Maryla		No. death occurred in	a hospital or institution ow long in U.S. if of fo	give its NAME in	St.,stend of street and of	number)
2. F	FULL NAP	WE M	innie F:	rances I					DENON	
					er Co.,	Mdst.,	Ward.	If nonresident giv	e city or town and	State
	PERSON	AL AN	D STATIST	CAL PARTI	CULARS		MEDICAL CER	TIFICATE C	OF DEATH	
3. SEX	remale		r or race	5. SINGLE, MARI OR DIVORCEI Sing]	(write the word)	21. DATE (	OF DEATH	ept., 1	0, 1935	., 193
H	married, widow USBAND of or) WIFE of	ed, or divo	rced				HEREBY (	CERTIFY.	That I attended	deceased from
6. DAT	E OF BIRTH (	month, day	, and year) A	pril 26,	1903	I last sew hel	r alive on Se	pt. 10,	1935	.; death is said
7. AGE	Year 3		Months	Days 15	If LESS than I dey,hrs. ormin.		ed on the date stated at L CAUSE OF DEATH a			
NO	Trade, profes kind of w SAWYER,		-	Domestic		were as rollows	Pulmonar	y Tuber	culosis	Date of onset
	adustry or I	ousiness in	which	Jnknown						Nov.
00 19	1			11. Total ti sper occu	me (years) t in this Unkno	wn				1933
12. B1R	RTHPLACE (cit	y or town)	Frank		***	Other Contribu	story Canses of importa	nce:		* *******
E 13	. NAME			les Davi						
FATHER 14.	. BIRTHPLACE (Stete or		wn) St. Mary	Martins land		Neme of operet	tion		Date of	2.5
至 15.	. MAIDEN NA	WE		la Dicke	rson		due to external causes			
15. 16.	BIRTHPLACE (State or		wn) Newai Mary				de, or homicide?			
17. 1NF	ORMANT_J(	ohn I	o'Netton, Md	ill, M.	D.	Specify whethe	er injury occurred in IN	(Specify city or to IDUSTRY, In HOME	wn, county and Stat L, or in PUBLIC PL	ACE.
18. BUF	Plece	on, or R	EMOYAY3 ul	Date Son	£ 13, 1931	Manner of injur	ry			
19. UN	DERTAKER(Address)	J. y		rhite.			or injury In any way		on of deceased?	No
20. FIL	ED 9/10	)/35,	Deputy		Receistrar.		ddress	hu O	myton.	m.g.
			If more	blanks are needed, a	ddress State Registrar,	2411 N. Charles S	treet, Baltimore, Reque	sting U. S. No. 1.		

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	Example 1		Example II			
of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset		
Chronic interstitial nep	ohritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	OCT 4 1955	July 5,1927	Peritonitis	3 days ago		
	BUPEAU V. S.					
Other contributory	causes of importance:		Other contributory causes of importance:			
Gallstones		May 1,1923	Gastroenteritis	1 year		

V. S. No. 1

	STATE	OF	MARYL	AND-	-CERTIF	ICATE	OF	DEATH
--	-------	----	-------	------	---------	-------	----	-------

9763

:	L. PLACE OF	DEA	ТН			108)	
	County	Carr	oll			Registration Dist. No.	14
	Village or Ci	ty S	ykesvill	le, Md.	SPRIN	GFIELD STATE HOSPITAL St.,	Ward
	I anoth of resid	ence in ci	ty or town where d	lasth occurred O		death occurred in a horpital or institution, give its NAME instead of street and n	
1	2. FULL NAM				DE TACY		
	(a) Residence			rke St.	Chevy C	hase, Montgomery County, Md.	
	(a) Residence	e: No	T 11 0 1777	(Usual place		If nonresident give city or town and	State
	PERSON	AL AN	D STATISTI	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
3.	Female		White		RIED, WIDOWED, O (write the word)	21. DATE OF DEATH September 6, (Month) (Day)	, 193 5 (Yaar)
5a	. If married, widowe HUSBAND of (or) WIFE of	ed, or dive	orced			22. 1 HEREBY CERTIFY, That I attended of	deceased from
		11016	_	1 3	3004	August 14, 19 35, to Sept. 6, 19 35	, 19 22
-	AGE Year		1	ctober 2	1904 if LESS than	to have occurred on the date stated above, at 9:35 m M.	; death is said
	AGE Year		Months	9	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importance	
_	8 Trada ninfos		articular		l ormin.	were as follows: Lobar pneumonia	Date of onset
NO	kind of w SAWYER,	ork done, BOOKKEE	as SPINNER, Te	elephone	e operato		
OCCUPATION	9. Industry or b	done, as	SILK MILL,	Law offi	ce		
S	10. Date decease		rked at	11. Total ti	ima (years)		
0	1110 0000	ation (mo			nt in this 1 yea		
12	BIRTHPLACE (cit	v or town)	Chevy	Chase,		Other Contributory Causes of importance:	
	(State or coun	,	Montgom	ery Cour	nty, Md.		
ER	13. NAME W	illi		e Lacy			
FATHER	14. BIRTHPLACE	(city or t	wn) Wash:	ington,	D. C.	Name of operation	
-	(State of		1-3	26 02 -	1-	What test confirmed diagnosis? Was there an a	utopsy?
MOTHER	15. MAIDEN NAI			M. Clai		23. If death was dua to external causes (VIOLENCE) fill in also the following	
MOT	16. BIRTHPLACE (State or		own)Wasl	hington,	D. C.	Accident, suicide, or homicide? Date of Injury	, 19
-			tol Doo	2 26.00	C Hoss	Where did injury occur? (Specify city or town, county and State Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	e)
17	(Address)		vkesvil		S.Hosp.,	Spacify whether injury occurred in INDOSTAT, in Home, of in robert re-	IUL.
18	B. BURIAL, CREMAT		*	Data 9 / 1	8 9/8 35	Manner of injury	
-	1100	_1	- 1 0	4 00	0.0	Nature of injury	No
19	O. UNDERTAKER (Address)	70~	and I	Jak	and a	24. Was disease or injury in any way related to occupation of deceased?	
-	(Nuuless)	1.6	350	War and	Wasal.	(Signed) M. Visiania Beyer	
20	O. FILED	. 9.,	19.00	- Line	Parietras	(Address) Sulle wills, Md -	

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage   HURFALI V. S	· July 5, 1927	Peritonitis •	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

should state

STATE OF MARYLAND—	CERTIFICATE OF DEATH 9754
1. PLACE OF DEATH	- GUP
County Sauce	Registration Dist. No. 76
Village or City Westeriustus	No. 101 E. Green St. Ward
(IE	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where daath occurred 3.Q.yrs	ds. How long In U.S. If of foreign birth?yrs,mosds.
2. FULL NAME Geaunelle J. N.	effeubach
(a) Residence: No. (Usual place of abode)	St., Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR DACE 5. SINGLE, MARRIED, WIOOWED,	21, DATE OF DEATH
Test of Write the word)	Dept. 20, 1935
5a. If marriad, widowed, or givorced	(Month) (Day) (Year)
HUSBANO of (or) WIFE of Faling (Or)	22. I HEREBY CERTIFY, That I attanded deceased from
J. Marian Ville Marian	rus, 1 1, 1935, to lass, 200, 1956
6. DATE OF BIRTH (month, dey, and year) 7. AGE Yaars Months Oavs If IESS than	l last saw h. 23. alive on
1 day,hrs.	to have occurred on the date steted above, at m.  The PRINCIPAL CAUSE OF DEATH end related causes of Importance
9/ / 25 or min.	wara as follows:
8. Trede, prefassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, atc	Coronary Monthous Sept.
A Telegraph of particular that the first of	79
9. Industry or businass in which work was done, as SILK MILL. SAW MILL, BANK, etc	
10. Oate deceased lest worked at this occupation (month end spant in this	
year) occupation	Othar Contributory Causes of importance:
12. BIRTHPLACE (city or town)	arteris - releases 5 evers
(State or country) Maryland	yeu,
13. NAME Gast Alraulsfortes	
4 14. BIRTHPLACE (city or town)	Name of oparation. Oete of
(State in country)	What tast confirmed diagnosis? Classell Wes there en eu'opsy? Wes
15. MAIOEN NAME Seral EMPLEY OF 16. BIRTHPLACE (city or town)	23. If deeth was due to external causas (VIOLENCE) fill in also tha following:
0 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country) Maryland	Where did injury occur?
17. INFORMANT Tesderaud Vieffenbacks	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Hestimendley, He	
18. BURIAL, CREMATION, OR BEMOVAL Place Manchester Mobile Sebt 22 1035	Mennar of injury
Place Mattellister, Madata Jeff 27, 1935	Natura of injury
19. UNOERTAKER 4. Trauses Ruse	24. Was diseasa or injury in any wey ralated to occupation of dacaasad?
(Addrass) Westwinster, Hed	If so, specify
20. FILEO 1/11, 1925 TUCOOTWOO	(Signed) M. D.
Registrar.	(Addrass) Whatsukickly & Mich.
2) more vante, are necueu, daaress State Registrar,	2412 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Chronic interstitial nephritis 001 / 1903	1921	Run over by street car	1 week ago
Cerebral hemorrhage W. S.	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:	-	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

certificate.

See instructions on back of

TION is very important.

# STATE OF MARYLAND-CERTIFICATE OF DEATH

9755

1. PLACE OF DEATH	54d)
County arroll	Registration Dist. No. 74
Village or City Sylvarille  Length of residence in city or town where death occurred / yrs 5 me	No. pringfield State Hospital St., Ward if death occurred in a korpital or institution, give its NAME instead of street and number) as 25ds. How long in U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME Flavia Edelkamp	
(a) Residence: No. Drandymas J.O. Truce George's G (Usualplace of abode)	Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorce d	21. DATE OF DEATH September 8, 193.5 (Month) (Oay) (Year)
58. If married widowed, or divorced HUSSAND of (or) WIFE of J. B. Edelhamp	1 HEREBY CERTIFY. That I attended deceased from March 13 1934 to Statember 8 1935
6. DATE OF BIRTH (month, day, and year) April 5, 1898	1 last saw h. en_ alive on September 7, 1935; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 4.53 A.m.
37   5   3   1 day, hrs	ware as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Stanographer housem	Oata of onset
2 Industry or business in which work was done as SIIK MIII R 10 10	Benian tumor of the brain
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and year)  17. Total time (years) spent in this year)	(not localized definitely) 192
12. BIRTHPLACE (city or town) Norfolk Transa	Other Contributory Causes of importance:
	-
13. NAME Lavius B. mith  14. BIRTHPLACE (city or town) (State or country)  North Carolina	Name of operation
15. MAIDEN NAME Chinie J. adams	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIOEN NAME (Innie J. Adams  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT Hospital records + mother	Accident, suicide, or homicide?
18. BURIAL, CREMATION, OR REMOVAL  Place  Oate Oate  Oa	Manner of Injury
19. UNDERTAKER What have to	24. Was disease or injury in any way related to occupation of deceased?  If so, specify
20. FILEO Seft. 8 , 1935 Attacky Here. Registrar.	(Signed) M. ayor M. D (Address) Springfield State Hospital
If more blanks are needed, address State Registrat	r, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 2. Sylvanille, Md

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.-The month and year the deceased last worked at the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago	
Chronic interstitial nephritis 4 1025	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
The was committed to Springfield from gallinger Hospital of Washington VC.
as a case of Epileptic Psychosis. Recent clinical evidence of regetation
deterioration led to enceled on sulic investigation which was followed by Status
Convalsions terminating in desth to day later.

V. S. No. 1

certificate.

See instructions on back of

(Address)

should state

of OCCUPA-

County	Carrel	1	* 1	Registration Dist. No.	1.6
Village or City	Westmi	nster		ND. 75 W. Green death occurred in a horpital or institution, give its NAME instead of	St.,Ward
				death occurred in a horpital or institution, give its NAME instead ofds. How long in U.S. if of foreign birth?yrs.	
2. FULL NAME	Anna	hel Eld	erdice		
(a) Residence: No.	LA C	W. Gre	en	St,WardIf nonresident give city o	r town and State
PERSONAL AND	STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF D	
Female wh	r race		RIED, WIDOWED, D (write the word)	21. DATE OF DEATH	, 193 <u>5</u> (Yaar)
a. If married, widowed, or divorced HUSBAND of (or) WIFE of Dr.		Elderdi	ce	2. HEREBY CERTIFY, That	l attended deceased fro
. DATE OF BIRTH (month, day, a	nd year) N	larch 18	. 1859	I last saw h & alive on wipt 7	, 19 34 ; death is sa
AGE Years	Months	Days	If LESS than	to have occurred on the date stated above, at	* 1011
76	5	20	1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of impor were as follows:	Tance Date of onse
8. Trade, profession, or partic	ular SPINNER,	at hom			
kind of work dona, as SAWYER, BDDKKEEPER  9. Industry or business in which was done, as SILL SAW MILL, BANK, etc  10. Date deceased last worker was the securation (month)	nich C MILL,		.G	Laxuona Hestu	in 192
10. Date deceased last worked this occupation (month year)	at and	spei	ime (years) nt in this upation		
2. BIRTHPLACE (city or town)			1	Dther Contributory Causes of importance:	
(State or country)			a		
13. NAME He	nry V	Smith		respation 1	of elec
14. BIRTHPLACE (city or town	)			Name of oparation	Uddla of
(State of country)		nsylvan			s thera an autopsy?
		na McCoy		23. If death was due to external causes (VIDL ENCE) fill in also the	
16. BIRTHPLACE (city or town) (State or country)		nsylvar	ni a	Accident, suicide, or homicide? Data of Inju	ury, 19
7. INFORMANTDr	н. 1	. Elder		(Specify city or town, cour Specify whether injury occurred in INDUSTRY, in HOME, or in t	nty and State) PUBLIC PLACE.
8. BURIAL, CREMATION, OR REM	OVAL		n. 9.1035	Manner of injury	

0400

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

If so, specify (Signed)

Westminster

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
I DIDENI V. S.			
Total Commence of the Commence			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 N. B.—WR]

STATE OF MARYLAND—CERTIFICA	TE	OF	DEATI
-----------------------------	----	----	-------

9757

1. PLACE C	F DEATH				(157)	A 4	
County	Carro	011			Registration Dist. No.	74	
Village Dr Langth of re	City_Spr	ingfie	ld Stat	e Hosp (If	ND. Sykesville Md. death occurred in a hospital or institution, give its NAME instead of s  4 ds. How long in U.S. if of foreign birth?	St., Ward treet and number)ds.	
2. FULL N	ME	Austi	n Flemin	ng	If U. S. Veteran, specify WAR		
(a) Reside	nce: No.			Avenue	St., Ward. Baltimore, Md. If nonresident give city or		
PERSO	NAL AND	STATISTI	CAL PARTIC	CULARS	MEDICAL CERTIFICATE OF DE	ATH	
3. SEX Male	4. COLOR O	te	5. SINGLE, MARK OR DIVORCED Single	(write tha word)	21. DATE OF DEATH September 22 (Month) (Day)	3, 1935 (Year)	
5a. If marriad, wide HUSBAND of (or) WIFE of		No	rch 6,1	871	22. I HEREBY CERTIFY, That I  August 1,1935., to Sept.  I last saw h im alive on September 22.	22 19.35	
	(month, day, ar	Months	Deys	If LESS than 1 day,hrs. ormin.	to have occurred on the data stated above, at . 4 . 1 5 Pm.  The PRINCIPAL CAUSE OF DEATH and related causes of Importativere as follows:		
SAWYE 9. Industry of work w SAW M 10. Date decer this occ	ade, profession, or particular kind of work dona, as SPINNER, SAWYER, BDDKKEEPER, etc			me (years)	Purulent Infection (Carbu of scalp and neck).  Other Contributory Causes of importance:	n on ge	
12. BIRTHPLACE ( (State or co	untry)	West \Flemin	/irginie			••••••	
H 14. BIRTHPLA	CE (city or town) or country)				Name of operation Incision  What test confirmed diagnosis Clinical & Lab		
15. MAIDEN NAME Sara Wood  16. BIRTHPLACE (city or town) (State or country) England  17. INFORMANT Springfield State Hosp. Record (Addrass)				sp.Recor	23. If death was due to external causes (VIOL ENCE) fill in also the following:  Accident, suicide, or homicide?  Where did injury occur?  (Specify city or town, county and State)		
18. BURIAL, CREMI	ATION, OR REM	OVAY Ceca	Data Sefe	4.25,1935	Manner of injury		
19. UNDERTAKER (Addrass)	1 8 a	Etin	Harry,	Hee	If so, specify  (Signad)  (Address)  Syrkerille	M.D.	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example T V E D		Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	
11/10/10/06/10/06/18	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 3,1927	Peritonitis	3 days ago
		•	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

should state

	5	STATE O	F MAR	YLAND-	CERTIFICATE OF DEATH	9758
1. P	LACE OF DE				- Ri-a	1
	County C s	rroll			Registration Dist. No.	6
	Village or City 12	ear Small	wood,	-R.F.D. V	Vestminster. st.	Ward
	Length of residence in	city or town where de	ath occurred 1	4 yrsmos	f death occurred in a horpital or institution, give its NAME instead of street are ds. How long In U.S. if of foreign birth?yrs	mosds.
2. F	ULL NAME	Frank	A.Fric	k		
	(a) Residence: No.	near S	mallwo (Usual place	od, Md.	St., Ward.  If nonresident give city or town a	and State
	PERSONAL A	ND STATISTIC	CAL PART	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX		or or race White	OR DIVORCE	RIED, WIDOWED, D (write the word) rried	21. DATE OF DEATH September, 28th, (Month) (Day)	, 193 <b>5</b> • (Year)
HL	arried, widowed, or di ISBANO of WIFE D	Rachael R	R.Frick		22. I HEREBY CERTIFY. That I attend	
6. DATI	OF BIRTH (month, d	av. end year) 185	7-2-5.		last saw hair alive on de set 197	deeth is said
7. AGE	Years	Months	Oays	If LESS then	to have occurred on the date stated above, at _ 8 _ 8 _ e _ m.	
1	78	7	23	1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	I D A - C - A
NOIT		eper, etc. Fa	rmer,	(retired)		Data of onset
5 7	Industry or business work wes done, as SAW MILL, BANK	SILK MILL,		*************	Cleute Pyrlo- replictio -	9/26/35
8 10.	Oate deceased lest w this occupation (m year)	orked at onth and	spa spa	ime (yeers) nt in this upation		
	THPLACE (city or towr (State or country)	) Carrol			Other Contributary Causes of Importance:	777-7-
₽ 13.	NAME JO					6/10/31
13. 14.	BIRTHPLACE (city or (State or country)	town)Gern	many		Name of operation Dete of	
교 교 15.	MAIOEN NAME	Elizabet		Le	What test confirmed diagnosis?	n europsy?
16. 16.	BIRTHPLACE (city or (Stete or country)	town)	many		Accident, suicide, or homicide? Date of Injury Where did injury occur?	(0. 19.34
17. INF	ORMANT Mrs.	Rachael F	R.Frick	īđ.	(Specify city or town, county and Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC	itata)
18. BUR	IAL, CREMATION, OR PIECETrinity	REMOVAL	S. 500		Manner of injury Teel from Char Neture of injury Declure Duyna	Mink trees
19. UNO	ERTAKER(Address)	6.7n. Winfiel	Walt	3.	24. Was disease or injury in enty way related to occupation of deceased?  If so, specify	hol
20. FILE	D 4/2/	1935 AC	Les	ooder	(Signed) Oliver Jake	M. D.
	1.	,	/	Registrar.	(Address) (1) extruce our U	une

If more blanks are needed, address State Registrar, 245x N. Charles Street, Baltimore, Requesting V. S. No. 1.

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To be complete, an occupation return must state:

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Example I was a series	15	Example II		
The principal cause of death and related cause of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis OCT 7 1935	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage   BURRAU V. S	· July5,1927	Peritonitis	3 days ago	
The state of the s				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

17. INFORMANT (Address 18. BURIAL CREMA

19. UNDERTAKER (Address)

state infor-

Manner of injury Nature of Injury 24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.

Registrar.

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Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5,1927 Peritonitis  Other contributory causes of importance:

V. S. No. 1 N. B. of OCCUPA-

Exact statement

properly classified.

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

STATE OF MARYLAND—CERTIFICATE OF DEAT	STATE OF	MARYL	AND-CERTIF	TICATE	OF	DEATH
---------------------------------------	----------	-------	------------	--------	----	-------

1. PLACE OF DEA	TH	I MAK	LAI	10		1/2
County Carr	oll				Registration Dist. No.	ef
Village or City_Sy			SPR1		ELD STATE HOSPITAL  No.  St.,  death occurred in a hospital or institution, give its NAME instead of street and nur  2 ds. How long In U.S. if of foreign birth? yrs	
2. FULL NAME	MYRTLE (	GARVICK				
(a) Residence: No.	Union	Mills, (Usual place	Md. of abode)		St., Ward.  If nonresident give city or town and St	ate
PERSONAL AN	D STATISTI	CAL PARTI	CULAR	S	MEDICAL CERTIFICATE OF DEATH	
_	or or race	5. SINGLE, MAR OR DIVORCE Sin	D (write the		21. DATE OF DEATH September 27 (Month) (Day)	193.5 (Yeer)
5a. If married, widowed, or div HUSBANO of (or) WIFE of	orced				22.   HEREBY CERTIFY, That I attended de Sept. 25, 19 35, to Sept. 27,	ceased from
6. DATE OF BIRTH (month, da	v end vear)	7	906 (	?)	Hast saw h.er elive on Sept. 27. 19.35;	death is seld
7. AGE Years	Months	Days	If LES	S thanhrs.	to have occurred on the date stated above, at 12:35m. a.m.	
8. Trade, profession, or point of work done SAWYER, BOOKKE	as SPINNER, HOEPER, etc.	? ousewor	k.	_min.	A A A A A A A A A A A A A A A A A A A	1935.
9. Industry or business i work was done, as SAW MILL, BANK, 10. Date deceased last wo this occupation (md	SILK MILL, etc orked at		ime (yeers)			
year) - Janu  12. BIRTHPLACE (city or town (State or country)	ary 19:	35   oct	upation	?	Other Contributory Causes of Importance: Acute Septic Endocarditis	?
II I3. NAME Bert						
14. BIRTHPLACE (city or t (State or country)					Name of operation Date of Date	opsv? Ye
15. MAIDEN NAME M	ary Sny	der			23. If death was due to external causes (VIOLENCE) fill in also the following:	
16. BIRTHPLACE (city or t		and	••		Accident, sulcide, or homicide? Date of Injury Where did injury occur?	
17. INFORMANT Sprin (Address)	gfield S	State H	osp.R	ecor	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLAC	Ε.
18. BURIAN CREMATION, OR	REMOVAL F	2011 9-	-30	,19 <b>3.5</b>	Manner of Injury	
19. UNOERTAKER (Address) Mic	of Win	kj&	my	/	24. Was disease or injury in any way related to occupation of deceased?	No
20. FILEDE LAND	1985-9	Hauy	R	egistrar.	(Signed) Harry J. Baer, (Address) Sykesville, M	nd.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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11.—The number of years the deceased followed the occupation.

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	Example I		Example II		
The principal cause of importance were as	f death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	OCT 4 1935	1915	Attack of epilepsy	1 week ago	
Chronic interstitial neph	ritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	BUREAU V. S.	July 5,1927	Peritonitis	3 days ago	
	The second section of the sect				
Other contributory ca	uses of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

An acute fulminating chorea of one week's duration, causing physical exhaustion, may be reckoned as a contributing factor in cause of death.

Harry J. Baer, M. N.

# STATE OF MARYLAND-CERTIFICATE OF DEATH

	infor-	state	UPA-
M	of	plu	000
	item	sho	of 0
	THIS IS A PERMANENT RECORD. Every item of infor-	ould be stated EXACTLY. PHYSICIANS should state	may be properly classified. Exact statement of OCCUPA-
	RD.	YSI	4
	RECO	Hay.	Exact
rh	NT	LY	j.
Z	NE	CT	ifie
5	MA	K A	lass
BI	ER	田	y c
2	AI	red	perl
F OF	IS	sta	pro
C	HIS	pe	pe
RVED FOR BINDING	T	plnc	may

See instructions on back of certificate. mation should be carefully supplied. AGE sheCAUSE OF DEATH in plain terms, so that it mportant. N. B.-WRITE PLAINLY, TION is ver

1	. PLACE O	F DEATH				(23)		- 4- 1
	County	Carroll				Registration I	Dist. No	74
/		CitySykesvi				No. Springfield Hospi death occurred in a hospital or institution, give its NAME ds. How long in U.S. if of foreign birth?		
		ME George nce: No. 1101				St., Ward. Maryland If nonresident	give city or tow	n and State
-		NAL AND STATIS				MEDICAL CERTIFICATE	OF DEAT	ГН
3.	sex Male	4. COLOR OR RACE White	5. 5	INGLE, MARI R DIVORCEI Sing	RIED, WIDOWED,  (write the word)	21. DATE OF DEATH September (Month)	26th	, 193 <u>5</u> (Yeer)
5a.	If married, widow HUSBAND of (or) WIFE of		CXXX			22. I HEREBY CERTIFY April		
6	DATE OF BIDTH	(month, day, end year) A	ril	13.	1902	i last saw him elive on Sept. 26		
		ars Months 5		Days 13	If LESS than I day,hrs. ormln.	to have occurred on the dete stated above, et		
NOI	8. Trade, profe kind of SAWYER	ession, or particular work done, as SPINNER, R, BOOKKEEPER, etc	lach	inist		Pulmonary Tuberlosis		Date of one of
OCCUPATION	Q Industry or	business in which as done, es SILK MILL, LL, BANK, etc		e Fac				
000	this occi	sed lest worked at upation (month and	227.	11. Total ti sper occu	me (years) nt In this pation			
12	BIRTHPLACE (c	ity or town)Alle		Coun	ty	Other Costributory Causes of Importence:		
ER	13. NAME	Charles	Goe	tz				
FATH		E (city or town)Al.	Lega	ny Co Jaryla	unty nd	Name of operetion Whet test confirmed diagnosis?		2/
ER	15. MAIDEN N	AME Ella Hor	isto	n		23. If death was due to external causes (VIOLENCE) fil	I in also the fol	flowing:
MOTHER		E (city or town)A	lleg	any C Lary I	ounty and	Accident, suicide, or homicide? Where did injury occur?		
17	. INFORMANT (Address)	Charles Mount Sa			rvland.	(Specify city or Specify whether injury occurred in INDUSTRY, in HO	ME, or In PUBL	nd State) IC PLACE.
18		TION, OR REMOVAL		ate Safe	4 29 ,1935	Manner of injury		
19	. UNDERTAKER (Address)	J. C. No	les de	id	ryd.	24. Was disease or injury in eny way related to occup.  If so, specify	ation of decease	id?. Va
20	FILED SHE	V. 19.35	ove him	my.	Registrar.	MAddress pringfield S		osp

7. S. No

ARGIN RESE

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage   BUREAU V. D.	July 5,1927	Peritonitis	3 days ago
Association to the control of the co	~		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

certificate.

See instructions on back of

TION is very important.

of OCCUPA.

STATE OF	MARYLAND—CERTIFICATE	OF	DEATH
----------	----------------------	----	-------

	PLACE OF DE		/I W///I		82.a	
	CountyC	arroll			Registration Dist. No.	2
		ear Wood		(II 7yrsmos	NoSt.,steath occurred in a hospital or institution, give its NAME instead of street and isds. How long In U.S. If of foreign birth?yrsme	Ward
:	2. FULL NAME.	Georg	ze A.Gr	een.		
70000				ine Md.	St., Ward.  If nonresident give city or town and	State
	PERSONAL A	ND STATIST	CAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH	
3.		White	OR DIVORCE	RRIED, WIDOWED. ED (write the word) ried	21. DATE OF DEATH September, 6,	, 193 <sup>5</sup>
5a. If married, widowed, or divorced HUSBAND of Margaret E. Green					22. I HEREBY CERTIFY That I attended	deceased from
6.	DATE OF BIRTH (month,	day, and year) 18	68-3-17		0/1/1/2013/	; death is said
7.	AGE Years 67	Months 5	Days 19	If LESS than I day,hrs. ormin.	to have occurred on the date stated above 1.450m. The PRINCIPAL CAUSE OF DEATH and releted causes of importance	
OCCUPATION	8. Trade, profession, or kind of work do SAWYER, BOOK! 9. Industry or business work was done, SAW MILL, BAN 10. Date deceased last this occupation (year)	r particular ne, as SPINNER (EEPER, etc. R. I s in which as SILK MILL, K, etc	R. Cond		were as follows:  Estimation  Splitting	Date of onset
12	. BIRTHPLACE (city or tow (State or country)		oll Co.		Other Contributory Causes of Importance:	1021
ER	13. NAME	? Gree			Jelennin	17.01.
FATHER	14. BIRTHPLACE (city or (State or country	TOWIT)	nown		Name of operation	
ER	15. MAIDEN NAME	Marianna	Sopher	n	What test confirmed diagnosis?	
MOTHER	16. BIRTHPLACE (city of State or country)	town) Carr	oll Co.		Accident, suicide, or homicide? Date of Injury Where did injury occur? (Specify city or town, county and State Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PL.	, 19 e)
	(Address)	Woodbin				
18.	BURIAL, CREMATION, OF PIA POPLAR		Com. Se	pt, 9., 1935.	Manner of injury	
19	. UNDERTAKER(Address)	& m. Winfie	Maltz.	7 1	24. Was disease or injury in any way related to occupation of deceased?	
20	FILED 9/8/35	1935	ma d	wyder	(Signed)	2.W. M. D.

Lighton had If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

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Chronic interstitial number itis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
(808)		18.7	
Other contributo of the ses of importance:		Other contributory causes of Importance:	
Gallstones	May 1,1923	0000	1 year
		/QBALSO	
		THE PARTY OF THE P	

certificate.

See instructions on back of

TION is very important.

of OCCUPA-

# STATE OF MARYLAND-CERTIFICATE OF DEATH

A. PLACE OF DEAT	7			(III)	
County Car	roll			Registration Dist. No. 7	et
Village or City	Sykesv	ille		No. Springfield State Hospital	Ward
langth of recidence in city	or town where	dooth assured	4 4	f death occurred in a hospital or institution, give its NAME instead of street and ds. How long in U.S. if of foreign birth? yrs. m	number)
				as. How long in U.S. If of foreign birth?yrsm	osds.
2. FULL NAME Ra					
(a) Residence: No Z	918 St	· Paul :	of shode	insere, l. Ward.  If convenident give city or town and	1 6
PERSONAL AND	STATIST			MEDICAL CERTIFICATE OF DEATH	State
3. SEX 4. COLOR		5. SINGLE, MARI	RIED, WIDOWED,	21. DATE OF DEATH	
Male Whi	te	OR DIVORCE	(write the word)	Sept. 23	, 193 5
5a. If married, widowed, or divorce HUSBAND of	ed			(Month) (Day)	(Year)
(or) WIFE of NO	ne			22. I HEREBY CERTIFY, That I attended Sept. 20 135 to Sept. 23	
		[11] 37 ] Q	1494	Warning Warning Warning	1935
6. DATE OF BIRTH (month, day, a	Months	July 19	If LESS than	to have occurred on the data stated above, at 7:05 m	; daath is said
51	2	4	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importance	
8 Trade profession or part			ormin.	were as follows:	Date of onset
kind of work done, as SAWYER, BODKKEEPE SAWYER, BODKKEEPE SAWYER, BODKKEEPE SAW MILL, BANK, etc 10. Date deceased lest worke this occupation (month)	SPINNER.	Noi	ne	Uremia (convulsions)	Cont
9. Industry or business in w	hich				Sept.
work was done, as SIL SAW MILL, BANK, etc		None		Charie neploitis . Duration's since may	1935
10. Date deceased lest worke this occupation (month year)	d at rand-	11. Total til	ma (years) It in this None	Laka Saffik	1.4.00
			pation NOME	Other Contributory Causes of importanca:	
12. BIRTHPLACE (city or town)	Penns	y Lvania		Cardiac asthenia	Sept.
(State or country)					23
13. NAME A. Ste	wart H	artman			1935
14. BIRTHPLACE (city or town (State or country)	1)	Penna.		Name of operation	
				What test confirmed diegnosis? Phys. exam. awadharan	
15. MAIDEN NAME Em	ma J.	Rowe		23. If death was due to axtarnal causes (VIOLENCE) fill in also the following	
O 16. BIRTHPLACE (city or town  State or country)		yland		Accident, suicide, or homicida? Date of injury	, 19
				Whare did injury occur? (Specify city or town, county and Stat	(e)
17. INFORMANTSpringf (Address)		ta te Hos	spital	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PL	ACE.
18. BURIAL, CREMATION, OR REN	TOVAL	0 11 0	1	Manner of injury	
- Examoung	Me	Dete SU	Ut 26,1935	Nature of Injury	
W H	Solar	de		24. Was disaasa or injury In any way related to occupation of deceased?	No
19. UNDERTAKER (Address)	the	Ly M	nd	If so, spacify	
man Salil 3.2	2000	Jany X		(Signad) Cleas X, Achines	N D
20. FILED 24 18 19.		7	Registrar	(Address) Leeken Pla-)	11

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Cerebral hemorrhage BUREAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			1

AGE should be

CAUSE OF DEATH in plain terms, so that it may

mation should be carefully supplied.

N. B.—WRITE

should state

of OCCUPA-

statement

Exact

properly classified.

# STATE OF MARYLAND-CERTIFICATE OF DEATH

0	Sub-y	200	11
44	1	4	4
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1. PLACE OF DEATH	93-6
County Carra	Registration Dist. No. 72!
Village or City to. Blessant Valley (If	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residance in city or town whara daath occurredyrs,mos	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME A. Walter Helm	ia/
(a) Residence: No. (Usual place of abode)	St. Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX  4. COLOR OR RACE  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Menth) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) HUSBAND of Berthay E. Helwig	22. OHEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) 12/12/1889	I last saw Indiva on Sept 3, 1936; daath is said
7. AGE Years Months Days II DESS than	to have occurred on the date stated above, at 6.30Pm.
46 5   1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of Importance were as follows:
8. Trade, profassion, or particular	acute bronshitias Duration; one week.
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date decased last worked at this occupation (month and spent in this	Plenier (right plana), Duration: 24 hourse
A Industry or business in which work was done, as SILK MILL.	Cafallary
work was done, as SILK MILL, SAW MILL, BANK, etc	Courted Demogration Sept.
	and Plensey 11.35
year) occupation	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town)	Lasoure usina ter
(State or country)	Chronic mayorardities Direction: 1/2 years. 129 4
13. NAME VERY SELVER	ewfor.
14. BIRTHPLACE (city or town)	Name of operation Date of
(State of County)	What tast confirmed diagnosis has saled Was there an autopsy?
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following:
[ 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19
∑ (Stata or country)	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT MAY WALLEY MELLY MAL	Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Alexand Valley Date Sept 16, 1935	Mannar of injury
19. UNDERTAKER DUSS YOUNG	24. Was disaase or Injury In any way related to occupation of deceased?
Velt 11 ar 1100 IDR 24	(Signed) Sensor Holes of M. D.
20. FILED 20/4 16, 19551 Calettal Assaulting Registrar.	(Address) Amon Forell for

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Exam	ple I	cyphan	Example II		
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Chronic interstitial nephritis	OCT 8 1935	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	001 0 2001	July 5,1927	Peritonitis	3 days ago	
В	UREAU V. S				
Other contributory causes of i	mportance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

PLACE OF DEATH	STATE OF MARYLAND
County But I	CERTIFICATE OF DEATH
	Registration Dist. No.
Village or City (No.	St.: Ward) (If death occurred is a hospital or Institution, give Its NAME In
2FULL NAME ONLY	tion, give Its NAME In steed of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH 20 (Month) (Day) (Year)
Seft 204, 1835	17 LHEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	that I last saw h alive on the confidence 192
7 AGE    If LESS that   I dayhrs   I dayhrs   Jayhrs	The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession or particular kind of work	Thomas Deallon
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration)
9 BIRTHPLACE (State or country)	Contributory Secondary  (Duration) 7 yrs mos ds
10 NAME OF FATHER CALLES MARINE MARINE	(Sigoed) (Address)
OF FATHER (State or country)  12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER THE Praceducer	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country)	In the of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of desth?
(Informant) Samuel Many	Former or usual residence
(Address) for the special state of the state	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  19 DATE OF BURIAL  19 DATE OF BURIAL
15 Filed 9/20 1925 Tolly oodwo	Jo UNIGHTAKER Mann Judgeleng

If more blenks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative healthshould be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of oclaborer, Farm laborer, Laborer countings, the duties of the en at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, House definite salary), may be entered as Housewife, House Spinner, (b) Cotton mill; (a) Salesman, (b) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neceswhatever, write None. tired 6 yrs). state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken er," etc., Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. business, that fact may be indicated thus; Farmer (rejul Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons en-Foreman, For many occupations a single word or term on or At Home, and children, not gainfully em-Farm laborer, Laborerwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material -Coal mine, etc. Wom-Grocery;

Statement of Cause of Death—Name, first, the Discrete Causing Death (the primary affection with respect to time and causation), using always the same accepted ed term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," stated unless important. Example: Measles (disease inges, pcritonaeum, etc., Carcinoma, Sarcoma, etc., of "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-(secondary or intercurrent) affection need not be Whooping cough; approved by tetahus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage can be ascertained as the cause. Always qualify all Chronic interstitial nephritis, (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train-American Medical Association.) Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid Committee on Nomenclature of the Chronic etc. The contributory valvular heart disease; Measles ;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

B.—WRITE PLAIN

V. S. No. 1

item of infor-	should state	of OCCUPA.	/
I RECORD. Every	Y. PHYSICIANS	Exact statement	
IS A PERMANENT	stated EXACTL	properly classified.	ertificate.
UNFADING INK-THIS	applied. AGE should be	terms, so that it may be	e instructions on back of c
-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.	TION is very important. See instructions on back of certificate.

STATE OF	MARYL	AND—CERTIFICATE	OF DEATH

0	Sully	Ling	13
J	1	4	17
0			1

1. PLACE OF DEATH	
CountyCarroll	Registration Dist. No.
Village or City New Windsor, Md. (If	No. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME James E. Pearre	
(a) Residence: No. New Windsor Md. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Male White Married 5a. If married, widowed, or divorced	21. DATE OF DEATH September 193 3.5
Margaret C. Pearre  6. DATE OF BIRTH (month, day, and year) 1866-7-15	22. I HEREBY CERTIFY. That I attended deceased from 1938, to 18, 1935; deeth is sald
7. AGE Years Months Days   If LESS than 1 dey,hrs.	to heve occurred on the date stated above, at 2:45e m.  The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:
8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc	Date of onset  Lacemonia y Trostole Dec. 32  Condina belalation - 9-18-55
SAW MILL, BANK, etc	Dther Contributory Causes of importance:
监 13. NAME Hamilton Pearre	
14. BIRTHPLACE (city or town) Frederick Co. (State or country) Maryland	Name of operation Date of Std - 33  What test confirmed diagnosis Planation Was there en autopsy?
15. MAIDEN NAME Ruth Buckingham 16. BIRTHPLACE (city or town) Carroll, Co. (State or country) Maryland 17. INFDRMANT Mrs. Margaret C. Pearre	23. If death wes due to external causes (VIDL ENCE) fill in also the following:  Accident, suicide, or homicide?
(Address) New Windsor Md.	
18. BURIAL, CREMATION, OR REMDVAL Place Linganore Cemty Date Sept. 20,, 1935.	Manner of injury
19. UNDERTAKER G. M. Stuffe Md.  20. FIRED M/9 30 Conserve GBandel	24. Was disease or injury in any way releted to occupation of deceased?  If so, specify  (Signed)  M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. \_State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk,

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related eauses The principal cause of death and related causes Date of onset Date of onset of importance were as follows of importance were as follows: Arteriosclerosis 1915 Attack of epilepsu 1 week ago Chronic interstitial hephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Peritonitis July 5, 1927 3 days ago RUPPAU Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

V. S. No. 1

STATE	OF	MARYL	AND-	CERTIF	ICATE	OF I	DEATH
			9 9	- 1	- A		

0	p-by	my	200
18	1	6	1
V	4	0	

1. PLA	CE OF DEA	TH	Maryl		reulosis Sanatorium	
Cou	inty Carro	11		Color	ed Branch 23 Registration Dist. No. 74	
	age or City He				No. (above) St, f death occurred in a horpital or institution, give its NAME instead of street an ds. How long in U.S. if of foreign blrth? WAR SERVICE	
2. FUI	LL NAME	John Pro	octor			- None
(a)	Residence: No	Hill Top	O, Charl	es Co.,	Mard.  If nonresident give city or town a	18
PE	RSONAL AN	D STATISTI			MEDICAL CERTIFICATE OF DEATH	ad State
3. SEX		or or race	5. SINGLE, MAR OR DIVORCE Marri	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH September 11, 1	935 (Year)
5a. If marri HUSB (or) V	ed, widowed, or divo AND of VIFE of		etta Pro	octor	22. I HEREBY CERTIFY, That I attended Sept. 9, 1935, 19 to Sept. 11	ed deceased from
6. DATE OF	F BIRTH (month, da)	y, and year) ME	ay 17. ]	909	Hast saw h im alive on Sept. 11, 1935	
7. AGE	Years 26	Months 3	Days 25	If LESS than I day,hrs. ormin,	to have occurred on the date stated above, at6 Q QmA . M .  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
8. Tra	de, profession, or pa kind of work done, SAWYER, BOOKKEE	articular as SPINNER.	Laborer	1 01	Pulmonary Tuberculosis	Date of onset
CUP	lustry or business in work was done, es SAW MILL, BANK, te deceased last woi this occupation (mo year)	SILK MILL, I etc	OMT Spar	me (yeers) nt in this nk 110 W	Dther Contributory Causes of importance:	Apr. 1935
4	PLACE (city or town) ate or country)	Hill Mary				
当 13. NA	ME		Proctor	7		
13. NA 14. BIR	THPLACE (city or to (State or country)	Mary			Name of operation Date of What test confirmed diagnosis? Was there a	RT _
15. MA	IDEN NAME	Unkno	own		23. If death was due to external causes (VIDLENCE) fill in also the following	
17 INFORM	RTHPLACE (city or to (State or country)	Mary E. O'Ne	land eill. M.	, D.	Accident, suicide, or homicide? Date of Injury  Where did injury occur? (Specify city or town, county and S  Specify whether Injury occurred in INDUSTRY, in HDME, or In PUBLIC	tale)
	dress Henr CREMATION, OF F	EMOVEL -	aryland Date Sefa	113,35	Manner of Injury	
19. UNDERT	diess)	180	Pala		24: Was disease or injury in any way related to occupation of deceased?	No
20. FILED	9/11/35	Deput		Registrar.	(Signed) The Collection (Address) TExample	M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

E	xample I	==-11	Example II	
The principal cause of de of importance were as follows:	ath and related dauses	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	4 1035	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	UCJ -7 7000	1921	Run over by street car	1 week ago
Cerebral hemorrhage	PUREAU V. S	July5,1927	Peritonitis	3 days ago
1				
Other contributory causes	of importance:		Other contributory causes of importance:	54
Gallstones	100 March 1990	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

of OCCUPA.

# STATE OF MARYLAND-CERTIFICATE OF DEATH

9778

1. PLACE OF DEATH	
County Carroll	Registration Dist. No. 76
Village or City W estminster	NoSt., Ward
-111	If death occurred in a horpital or institution, give its NAME instead of street and number)
211.11.	sds. How long in U.S. If of foreign birth?mosds.
2. FULL NAME Outlean Rich	M
(a) Residence: No. // / Velm · Vel · (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)  Mall  Married, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Sept 26 = 1935
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	(Month) 3: (Day) (Year)  22.   I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Oct. 3- 185.2	Plast saw him allve on Selft 14 1955 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date steted above, at 2.30 Lm.
52 11 17 1 day,hrs.	there as follows: O DEATH and leided cases of the political cases
8 Trade profession or perticular	Organic Heart Duran Date of one of
SAWTER, BOOKREEPER, etc.	- Chrasic myeconditis Duration; about one
3. Industry or business in which work was done, as SILK MILL,	Jean Cenga
SAW MILL, BANK, etc	the state of the s
O 10. Date deceesed last worked at this occupation (month end pear)	
	Other Coutributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	Paris Paris Inches
13. NAME Henry Richter.	Madre and the all
E	The series says a concess
(State or country)	Name of operation Date of
E 15. MAIDEN NAME NOT LES COUNTY	What test confirmed diagnosis? Was there an autopsy?  23. If death was due to external causes (VIOLENCE) fill In also the following:
Ξ	Accident, suicide, or homicide? Date of injury, 19
O 16. BIRTHPLACE (city or town) (State or country)	Where did injury occur?
17. INFORMANTIMA Ida Riphten (Address) 114 Denni Gay Westmins from	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIG PLACE.
18. BURIAL, CREMATION, OR BEMOVAL	Manner of injury
Place Enders Vem. Date Sept. 23, 1938-	Nature of Injury
19. UNDERTAKER ARSON DELOS TOEN (Address) Walnuss Mal	24. Was disease or injury fn eny way clated to occupation of deceased?
20. FILED 9/2 6, 19 25 Harochers. Registrar.	(Signed) M. D.
	2421 N. Charles Street, Bakimore, Requesting U. S. No. 2.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	AND THE PROPERTY AND ADDRESS OF THE PARTY ADDRESS OF THE PA	Example II	
The principal cause of death and related of importance were as follows:	auses Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1955 1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
2.5. 10. 4.4			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			-

S. No.

should state

STATE O		CERTIFICATE OF DEA	TH 9779
County Carroll	Colore	d Branch (28) Registration [	Dist No. 74
Village or City Henryton,	Md.	No.	St Ward
Length of residence In city or town where de	oth occurred O yrs 2 mos	death occurred in a hospital or institution, give its NAME ds. How long in U.S. if of foreign birth?	instead of street and number)
2. FULL NAME Delivia R	ideout	WAR SER	VICE -NONE
(a) Residence: No. Bozman,	Talbot Co., Md (Usual place of abode)		give city or town and State
PERSONAL AND STATISTIC	CAL PARTICULARS	MEDIGAL CERTIFICATE	OF DEATH
3. SEX 4. COLOR OR RACE COLOR OG ACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIE Q	21. DATE OF DEATH Sept., 4	, 1935
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Stepn	an W. Rideout	June 7, 1935	
6. DATE OF BIRTH (month, dey, end year) Ju	ly 26, 1899	last saw her alive on Sept., 4	, 1935 death is said
7. AGE Years Months 36 1	Days If LESS then I day, this.	to have occurred on the date stated above, et 12.  The PRINCIPAL CAUSE OF DEATH end related cause	
9 Trade profession or particular	1 01	Pulmonary Tuberculosi	s Ap <b>rii</b> 1934
kind of work done, as SPINNER, HO'SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Pate deceased lest worked et this occupation (month and			
10. Bate deceased lest worked et this occupation (month end year)	11. Total time (yeers) Unexital this		
12 PIPTUPI ACE (city or town) Bozman		Other Contributory Causes of Importance:	

Maryland. (State or country) Brooks Joseph FATHER Bozman, 14. BIRTHPLACE (city or town) Maryland. (State or country) Palmer. MOTHER 15. MAIDEN NAME Bozman, 16. BIRTHPLACE (city or town) (State or country) Maryland O'Neill John 17. INFORMANT Henryton, (Address) 18. BURIAL, CREMATION, OR REMOVAL

Local

Place.

(Address)

19. UNDERTAKER

20, FILED.

Nature of injury 24. Was disease or injury in any way related to occupation of deceased? No

(Signed) Henry to

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

Manner of injur

If so, specify

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name\_other important diseases or injuries. Examples:

Exam	ple I		Example II	
The principal cause of death of importance were as follows	and related causes.	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	4 - 1935	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	(11/1)	1021	Run over by street car	1 week ago
Cerebral hemorrhage	RUPFAU V.	July 5, 1927	Peritonitis	3 days ago
<u> </u>				
la de la constante de la const			• 1114 (1111)	
Other contributory causes of	importance:	1	Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
			•	
			0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	

V. S. No. 1

STATE OF MARYLAND-	-CERTIFICATE OF DEATH 9780
1. PLACE OF DEATH	119
County Clauvel	Registration Dist. No.
Y	No. St., Ward Geath occurred in a hospital or institution, give its NAME instead of street and number)
10,010 x 2000	s/ds. How long in U.S. if of foreign birth?yrsds
2. FULL NAME / Calfoh D, Pull	
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE   5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  September 19, 193 5  (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Jan 18-193	
7. AGE Years Month's Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at 4: 2 m.  The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8 Trade profession or particular	Uate of onset
SAWYER, BOOKKEEPER, etc.	Diarrheu aust Enterites 4/11/3
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at his occuration (month and	
SAW MILL, BANK, etc	-
10. Date deceased last worked at this occupation (month end year)	
	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	
13. NAME Walter & Rell	
13. NAME CLEET COLLEGE (city or town)	Name of operation Date of
(State or country) Paul Cand	What test confirmed diagnosis? Clerical Was there en autopsy?
15. MAIDEN NAME / reva Stable	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME / LEASE STORY (State of Country)	Accident, suicide, or homicide? Date of injury 19
(State or country) Mary Land	Where did injury occur?
17. INFORMANT Walter & Rill	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Thurstand nul	
18. BURIAL, CREMATION, OR BEMOVAL	Menner of injury
Place Hampsleve Mad /2/, 19. 3.	Nature of injury.
19. UNDERTAKER Educe Tiplon	24. Was disease or injury in any way related to occupation of deceased?
(Address) Hampstend me	If so, specify
20. FILED Sept. 20, 1935 milded S. Hughe	(Signed) Maurice C. Vartus full M. C. (Address) Sampotenill Mil
If more blanks are needed, address State Registrar,	, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example 1	11	Example II	
The principal cause of death and related cause of importance were as follows:	S Pate of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis . C	1915	Attack of epilepsy	1 week ago
Chronic interstitial neptrit	Y 221	Run over by street car	1 week ago
Cerebral hemorrhage	July 3,1927	Peritonitis	3 days ago
BUREAU			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

state of infor-

plnods

OCCUPA

1. PLACE OF

DEATH Md. Tubergulosis	CERTIFICATE OF DEATH S Sanatorium Branch ) 23 Registration Dist. No. 74
Henryton	No. St Ward
once In city or town where death occurred 0 yrs 3 mos.  IE Mary Barbara Scroggins  1. No328 W. Hoffman St., Balt	death occurred in a hospital or institution, give its NAME instead of street and number)  17 ds. How long in U.S. if of foreign birth?
(Usual place of abode)	If nonresident give city or town and State
AL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE Colored S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married	21. DATE OF DEATH 22, 1935.  (Month) (Day) (Year)
d as discussed	

County\_Ca Village or Cit Length of reside 2. FULL NAM (a) Residence PERSONA 3. SEX Female 5a. If married, widowed, or divor HUSBAND of HEREBY CERTIFY, That I attended deceased from Richard Scroggins (or) WIFE of une 19 , to Sept. 22, 1935. Mch 3, 1902. last saw her alive on Sept. 22, 193519 ; death is said 6. DATE OF BIRTH (month, day, and year) to have occurred on the date stated above, at 2. 15PM. 7. AGE Years Months Days If LESS than The PRINCIPAL CAUSE OF DEATH and related causes of Importance 19 33 6 Date of onset 8. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.\_\_\_ Domestic 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.... Mch 10. Date deceased last worked at II. Total time (years) this occupation menth and Unkreadinthis year) .... Other Contributory Causes of importance: LaPlata 12. BIRTHPLACE (city or town) Maryland (State or country) Philip Johnson FATHER 13. NAME LaPlata. 14. BIRTHPLACE (city or town) ... Name of operation ... (State or country) Maryland What test confirmed diagnosis? \_\_\_\_ Was there an autopsy? NO MOTHER 15. MAIDEN NAME Lizzie Duckett 23. If death was due to external causes (VIOLENCE) fill in also the following: LaPlata Accident, suicide, or homicide? ..... Date of Injury. 16. BIRTHPLACE (city or town) .... (State or country) Maryland Where did injury occur?\_\_\_\_\_ (Specify city or town, county and State)
Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. O'Neill. 17. INFORMANT Henryton. (Address) 18. BURIAL, CREMATION. Manner of Injury Nature of injury \_\_\_\_\_\_ 24. Was disease or injury In any way related to occupation of deceased? If so, specify. 20. FILED 9/22/35 (Signed)

Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

(Address) Henryton Md

-WRITE

CAUSE

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis C 4 1933	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		are and a second second	

certificate.

See instructions on back of

TOON is very important.

CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied. B.-WRITE PLAINLY,

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH					
county Carrol	L			Registration Dist. No.	2
-Village or City Mt . A  Length of rasidance in city or town			(If 2 yrs,mos	No. St.,  'death occurred in a hospital or institution, give its NAME instead of street and r  ds. How long in U.S. if of foraign birth? yrs. mo	Ward
2. FULL NAME Mar	garet D.	Sel	by.		
(a) Residence: No.	Mt.		y.Md.	St., Ward.  If nonresident give city or town and	State
PERSONAL AND STA	TISTICAL P	ARTIC	ULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RA			IED, WIDOWED, (write the word)  OW	21. DATE OF DEATH September, 18, (Month) (Day)	, 193.5 • (Year)
5e. If married, widowed, or divorced HUSBAND OF Late, El	ias Gree	en S	elby,	22. I HEREBY CERTIFY, Thet I ettanded	decaesed from
6. DATE OF BIRTH (month, day, end year 7. AGE Yeers Mor			If LESS than	to heve occurred on the date stated above, at	; death is seid
77 8		0	1 dey,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:	Data ol onset
8. Trede, profession, or perticuler kind of work dona, es SPINN SAWYER, BOOKKEEPER, etc	R, Non	.e		Mejocardetis Hubertension	7
NOT SELECT THE SELECT	,		************	Clas Interstitial nepheritis	9
10. Deta deceesed last worked at this occupetion (month end yaar)	11.	Total tim spant occupa	e (years) in this ation	Liabetia Melletina	1931
12. BIRTHPLACE (city or town)FT	ederick Maryla			Other Contributory Causes of Importance:	1935
H 13. NAME Richa	rd Davis	s			
13. NAME Richa 14. BIRTHPLACE (city or town) (State or country)	Frederic Marvla		0.	Name of operation Dete of Whet test confirmed diagnosis? Wes there an e	
15. MAIDEN NAME Anne	Williams	s,		23. If deeth wes due to external ceuses (VIOL ENCE) fill in also the following	
15. MAIDEN NAME Anne 16. BIRTHPLACE (city or town) (Steta or country)	rederic Marylan			Accident, suicide, or homicide? Date of Injury	, 19
17. INFORMANT Mrs. Wm, H. G (Address) Mt. Air		.,		(Specify city or town, county and State Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLA	CE.
18. BURIAL, CREMATION, OR REMOVAL PINCKENDRES CE	nty, Dete S	Sept	.21,135.	Menner of injury	
19. UNDERTAKER 6.7 (Address) Winf	n. Hab	3		24. Was disease or injury In any way releted to occupation of deceased?  If so, specify	
20. FILED 24 20 , 1955	My DA	luy	dev Registrar.	(Signed) Jotanly Frabill (Address) Mtany	M.D.

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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
OCT 7 1935			
Other contributory causes of importance: S.		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

FOR BINDING

ARGIN RESERVED

STATE OF MARYLAND-  1. PLACE OF DEATH	9753
County Garral	Registration Dist. No. 70
Village or City Fanegtown	NoSt., War
Length of residence in city or towo whara death occurred yrsm	If death occurred in a horpital or institution, give its NAME instead of street and number)  sds. How long in U.S. it of foralgn birth?yrsmosd
2. FULL NAME / WWW / Mary 9. Shaum	If U.S. Veteran specify WAR
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SEX  4. COLOR OR RACE  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  The state of the state o	21. DATE OF DEATH (Month) (Day) (Year)  22. IMEREBY CERTIFY hat yattended deceased fro
(or) WIFE of David 13, Shaum	Spil 1, 19.3.5, 19 11 18, 19.3.
5. DATE OF BIRTH (month, day, and year) Wav 20, 1099	I fast saw half alive on 1950; death is sa
7. AGE Years Months Days If LESS than I day,hrs or,min.	to have occurred on the date stated abova, at
8. Trade, protession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Palicinus,
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	DY HA
10. Data deceased last worked at this occupation (month and spant in this occupation occupation	9
12. BIRTHPLACE (city or town) Sema (State or country)	Other Contributory Causes of importante:
13. NAME JUN Javalus	Catan landa removada ()
14. BIRTHPLACE (city or town)	Nama of operation Data of Data of What test confirmed diagnosis? Alice Was there an au'opsy?
15. MAIDEN NAME Lume Watson	23. If daath was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicida, or homicide?
17. INFORMANT AND ON	Where did injury occur? (Specify city or town, county and State) Specify whathar injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL' Janey Comp	Manner of Injury
Place 1: 12/1 S Oate 21/1935	Nature ot injury
19. UNOERTAKER OD DUSAL SOME (Address) Daney Work, Mill	24. Was disease or injury in any way related to occupation of deceased?
20 FILEO Sept. 21, 1935 Mary B. Wilt. Registrar.	(Signed) (Signed) M. M.

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Chronic interstilia nephritts 1933	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
MUREAU			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

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of OCCUPA

tement

1. PLACE OF DEATH

2. FULL NAME

arroll

Length of residence in city or town where death occurred.

ce: No.	(Usual place	of abode)	St., Ward. Rockwille i V) d. If nonresident give city or town and Sta	ste
IAL AND STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
4. COLOR OR RACE	OR DIVORCE	D (write the word)		93_ <b>3</b>
ved, or divorced	0	ic nu	22. I HEREBY CERTIFY, That I attended dec	eased
month, day, and year)  Months	Days D	If LESS than f day,hrs.	to have occurred on the date stated above, at 9:00P m. The PRINCIPAL CAUSE OF DEATH and related causes of importance	ate of or
ssion, or particular work done, as SPINNER, , BDOKKEEPER, etc business in which s done, as SILK MILL, I BANK etc	none	-	Carcinoma Sell Brary will metastasas Peritoneal Carrily	w.X.
pation (month and	spa	nt In this	Other Contributory Causes of Importance:	
John C.	Steele			
country)	aginia		Name of operation Date of What test confirmed diagnosis? Was there an auto	psy7_
(city or town)	ecords.	Holmes	23. If death was due to external causes (VIOLENCE) fill In also the following:  Accident, suicide, or homicide?  Where did injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE	
TONY OF TEMPYAL Q	Mesigles	1. 16 35	Manner of injury	•••••
Hour olo	u Sue	ė,	24. Was disease or injury in any way related to occupation of deceased?	
	AL AND STATIST  4. COLOR OR RACE  ed, or divorced  (month, day, and year) Go rs Months  o Months	(Usual place  AL AND STATISTICAL PARTI  4. COLOR OR RACE  4. COLOR OR RACE  S. SINGLE, MAR OR DIVORCE  4. Month, day, and year)  5. SINGLE, MAR OR DIVORCE  6. OR DIVORCE	(Usual place of abode)  AL AND STATISTICAL PARTICULARS  4. COLOR OR RACE  S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  ed, or divorced  (month, day, and year)  S. Months  Days  If LESS than f day, hrs. or min.  ssion, or particular work done, as SPINNER, BDOKKEEPER, etc.  business in which so done, as SILK MILL, L, BANK, etc.  ed last worked at pation (month and spent in this occupation  ty or town)  (city or town)  country)  ME  (city or town)  country)	(city or town)  ME Ward and States of abode)  (Usual place of abode)  (Usual place of abode)  (Usual place of abode)  MEDICAL CERTIFICATE OF DEATH  21. DATE OF DEATH  22. I HEREBY CERTIFY, That I attended dead to be a state of above, at 1.000°C, month, day, and year)  (Day)  11

STATE OF MARYLAND—CERTIFICATE OF DEATH

Registration Dist. No.

FY. That I attended deceased from

No. (If death occurred in hospital or institution, give its NAME instead of street and number)

\_\_yrs.\_\_l \_\_mos.\_\_l \_\_ds. How long in U.S. if of foreign birth?\_\_\_\_yrs.\_\_\_\_mos.\_\_\_\_ds.

Date of enset

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3	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis .	3 days ago
May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset  The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5,1927 Perilonitis  Other contributory causes of importance:

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
I was was found love left graduant abdomen
Card 1-1935 - during Quaried Idana - Con O. time
Cecaline Symptomatic Soft 7-1935.

V. S. No. 1

	PHYSICIANS	act statement	
	EXACTLY.	ly classified. Ex	ite.
2	stated	proper	certifica
	pe	be	Jo
	AGE should	that it may	ions on back
	ly supplied.	lain terms, so	See instruct
	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement-	TION is very important. See instructions on back of certificate.
	page 1	-	B-

STATE (			CERTIFICATE osis Sanatori	E OF DEATH	9750
County Carroll		olored B		7/	
Village or City Henryton		nd		Registration Dist. No.	
Length of residence in city or town where	death occurred	vrs 1 mor	death occurred in a hospital or in	St. stitution, give its NAME instead of street.	and number) mos. ds.
2. FULL NAME Charl	es Frank	Strothe		WAR SERVICE	
(a) Residence: No.	(Usual place		DSt., THO Ward.	If nonresident give city or town	
PERSONAL AND STATIST			MEDICAL	. CERTIFICATE OF DEAT	
3. SEX 4. COLOR OR RACE Male Colored	5. SINGLE, MAR OR DIVORCE	RIED, WIDOWED, D (write the word) ngle	21. DATE OF DEAT		
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of			July 29, 193	BY CERTIFY. Thet latter	
6. DATE OF BIRTH (month, day, and year)	July 29.	1925	I last saw hallve on	Sept., 28, 1935	death is said
7. AGE Years Months	Days	If LESS than	to have occurred on the date :	stated above, et 5.00 m.P.M.	
10 2	0	or XXXXXX	The PRINCIPAL CAUSE OF D	EATH end related causes of importance	15.4.4
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Scholar			Tuberculosis	Date of onset
9. Industry or business in which work was done, as SILK MILL,					1902
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	11. Total t	ime (years) pt in this			
12 BIRTHPLACE (city or town) Balt	imore, land.		Other Contributory Causes of	importance:	
E 13. NAME Charles F.	Strother	2,			
	fford, ginia		Name of operation	Date	of NO
	Myers,		What test confirmed diagnosis	I causes (VIOLENCE) fill in also the follo	an autopsy? NO
16. BIRTHPLACE (city of town) Sta	fford, ginia.			? Date of Injury	
17. INFORMANT John E.  (Address) Henryton	O'Neill,			(Specify city or town, county and ed in INDUSTRY, in HOME, or In PUBLIC	I State) C PLACE,
18. BURIAL, CREMATION, OR REMOVAL	4		Manner of injury		
Place desantico 1"	Dete	V. Z., 1935	Nature of injury		
19. UNDERTAKER Mrs. Les. Hol L. (Addiess) (4 3 1 Deer	of god	aves	24. Was disease or injury in a	ny way related to occupation of deceased	, No
20, FILED 9/28/35, 19 De	outy Loc	Maile /	(Signed) Ho	fryton, Md.	eccl M.D.
			2411 N. Charles Street, Baltimore	, Requesting U. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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	Example I	1	Example II		
The principal cause of importance were as Arteriosclerosis	death and related causes follows: RECEIVED	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago	
Chronic interstitial neph	itis 1035	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	001 4 1000	July 5,1927	Peritonitis ·	3 days ago	
	BUREAU V. S.				
Other contributory ca	uses of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroentcritis	1 year	
			•		
		1			

V. S. No. 1

# STATE OF MARYLAND-CERTIFICATE OF DEATH

3756

1. PLACE	OF DEATH				(82·QV)	
County_	County Carroll				Registration Dist. No. 74	4
	asidence in city or t		ath occurrad	(If	Spino ngfield State Hospital St.,  death occurred in a horpital or institution, give its NAME instead of street and no  14 ds. How long in U.S. if of foreign birth?	Ward
2. FULL N	AME Nath	an W.	Todd			
					, Reltimorne, Md.  If nonresident give city or town and S	State
PERSC	NAL AND S	TATISTIC			MEDICAL CERTIFICATE OF DEATH	
3. SEX Male	4. COLOR OR Whit		5. SINGLE, MAR OR DIVORCE Marri	RIED, WIDOWED, D (write tha word) ed	21. DATE OF PEATH September 7, 1935. (Month) (Dey)	193(Year)
5a. If married, wid HUSBAND of (or) WIFE of	Sona T	odd			22. I HEREBY CERTIFY, That I ettended d	
6. DATE OF BIRT	H (month, day, and	year) May	27, 18	68	1 lest saw h_im_elive on_September 7_,1935_	; death is said
7. AGE	rears 57	Months 3	Days 10	If LESS than I day,hrs. ormin.	to have occurred on the deta steted ebove, at6.230_m.a M  The PRINCIPAL CAUSE OF DEATH end related ceuses of importance were es follows:	
SAWY Industry of work	ofession, or perticularly work done, as SPER, BOOKKEEPER, e or business in which was dona, as SILK MILL, BANK, etc	h MILL, S	ea Capt		Apoplexy	Date of one et 9/7/35
10. Date dece this or year)	eased last worked excupation (month and		11. Total ti sper	ima (years) nt in this upetion Unkno	n	
12. BIRTHPLACE (Stete or c	(city or town) So ountry) Mar	merse yland	t Count	У	Other Contributory Causes of importance: Arteriosclerosis Pr	ior to
₩ 13. NAME	Marrlin	Todd				24.74.J
13. NAME 14. BIRTHPLA (State	CE (city or town) or country)	Somer Maryl	set Cou and	nty	None of operation None and Lab. findings What test confirmed diagnosis? Was there en et	g'opsy? NO
15. MAIDEN	NAME Emily	Scot	t		23. If death was due to external causes (VIOL ENCE) fill in also the following:	
15. MAIDEN NAME Emily Scott  16. BIRTHPLACE (city or town) Somerset County (Stete or country) Maryland			set Cou	nty	Accident, suicide, or homicide? Date of injury Where did injury occur?	
17. INFORMANT A	Sykesyi	Recor	tate Ho	spital:	(Specify city or town, county and State Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	CE.
18 BURIAL, CREM	ATION, OR REMOV	Line	_Date Of	19,000	Manner of injury	
19. UNDERTAKER (Address)	John	Rich	more	My.	24. Was diseese or injury in any way releted to occupation of deceesed?	No
20. FILE	47,193	5 (1)	Harry	Registrar	(Signed) Chan Hahman	M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltingre, Requesting V. S. No. 1.

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Example I	and the same of th	Example II	
The principal cause of death and related of importance were as follows:	causes Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1930 1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAL	V		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STAT	TEMENTS BY	PHYSICIAN
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V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 9	787
1. PLACE OF DEATH		
County 19 arroll	Registration Dist. No.	· · · · · · · · · · · · · · · · · · ·
Village or City Bachmans Valley	No. St.	Ward
(If Length of residence in city, or town where death occurred > 2 yrs. 2 mos.	death occurred in a hospital or institution, give its NAME instead of street and nu  Sds. How long in U.S. if of foreign birth?	
2. FULL NAME Denton Samuel W	Carehim	
(a) Residence: Np. (Usual place of abode)	St., Ward.  If nonresident give city or town and Si	4.4a
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	inte
3 SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (revite the word)	21. DATE OF DEATH Sect. 26 " (Month) (Day)	1935.
5a. If married, widowed, or divorced took Warehime	22. I HEREBY CERTIFY, That I attended de	(Year)
6. DATE OF BIRTH (month, day, and year) 4-8-1863	I last saw him alive on light, 24", 1935;	death is said
7. AGE Years Months Days If LESS than	to have occurred on the data stated above, at	
7 2 3 - 18 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
9 Trade profession or particular	curemma of Stones	Data of onset Oliver
Kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc		1935
10. Data deceased last worked at his occupation (month and 24-143), spent In this occupation year)		
12. BIRTHPLACE (city or town) Buching was Valley (Stata og country)	Other Cantributary Causes of importance:	
13. NAME 1 oah Warehime		
13. NAME / Oan Warehine 14. BIRTHPLACE (city or town)	Name of operation Date of	
(State of Country)	What test confirmed diagnosis? Clesseel Was there an au!	opsy? Les
15. MAIDEN NAME Comanda Cole 15.  16. BIRTHPLACE (city or town)	23. If death was due to axternal causes (VIOLENCE) fill In also the following:	
0 16. BIRTHPLACE (city or town)	Accident, suicide, or homicida?Data of Injury	, 19
17. INFORMANT MAC da Wareheme (Address) Bachmans Valler Mad.	Whera did injury occur? (Specify city or town county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE	;E.
18. BURIAL, CREMATION, DR REMOVAL Place DU CLOR JEM - Date 1. 29 135	Manner of injury	
19. UNDERTAKER Hankard from (Addiess) Westminder (md-	24. Was disease or injury in any way related to occupation of deceased?	
20. FILED 928, 1931 Allero ceron	(Signed) CLBellingsless (Address) Westwinster, Sa	M. D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage SIDEAU V.S.	July5,1927	Perilonitis	3 days ago
Other contributory causes of importance:	May 1,1923	Other contributory causes of importance:	
Ganatories	Muy1,1925	Guargement was	1 year

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# STATE OF MARYLAND-CERTIFICATE (

OF	DEATH	9	7	58
			-	

1	L PLACE O	F DEA	тн			107-0	~.1
	County					Registration Dist. No.	14
	Village or C	ity S	ykesvill	e, Md.	Md. SPRINGFIELD STATE HOSPITAL  (If death occurred in a borpital or inatilution, give its NAME instead of street and number)  courred yrs 5 mos. 15 ds. How long in U.S. if of foreign birth?  LA WATKINS  ak Boad Baltimose, Md ward.  Usual place of abode)  If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH  PARTICULARS  NGLE, MARRIED, WIDOWED, R DIVORCED (variet the word)  22. I HEREBY CERTIFY, That I eftended deceased from March 25 . 19 35 . (Month) (Day) (Year)  22. I HEREBY CERTIFY, That I eftended deceased from March 25 . 19 35 . 19 35 . (Month) (Day) . (Year)  22. I HEREBY CERTIFY. That I eftended deceased from March 25 . 19 35 . (Month) (Day) . (Year)  23. If LESS than 1 day, hrs. or min.  The PRINCIPAL CAUSE OF DEATH and relefed ceuses of imporfence were as follows:  Bronchopneumonia 9-3-3  ekeeping  11. Total tima (yeers) spant in this occupation 2 . Other Centributory Causes of Imporfence:  What fest confirmed diagnosis? Symptoms Was thera an autopsy? No 23. If deeth was due to external ceuses (VIOLENCE) fill in also the following:  Accidanf, suicide, or homicide? Dafe of injury . 19 . Whate did injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	Ward	
	Length of resi	idence In c	city or town where d	eeth occurred		7 6	
	2. FULL NA	ME H	ANNAH PA	MELA WA	TKINS		
			2407 Ken		D-7+3-		
-				(Usual place	of abode)	the state of the s	
2	SEX		OR OR RACE	1			1
	Female		White	OR DIVORCE	D (write the word)	September 9,	
	If married, widow HUSBAND of	ed, or div	orced				1
	(or) WIFE of						
6.	DATE OF BIRTH	(month, da	ay, end year) Au	gust ?	1855		
_	AGE Yea		Months	Days		The state of the s	
	8	30	?	?		The PRINCIPAL CAUSE OF DEATH and relefed ceuses of importance were as follows:	Date of onset
NO	8. Trade, profa kind of	ssion, or p work done	particular , es SPINNER, EPER, efc			Ranghannaymania	0 7 7
OCCUPATION	9. Industry or	business i	in which			bronchopneumonia .	3-0-0
CUP							
00	10. Dafe decaas this occu	pafion (mo	onth and	11. Total	tima (yeers) int in this		
		Apr	D-7+3		upation	Other Contributory Causes of Imporfence:	
12	. BIRTHPLACE (ci			ryland			
HER	13. NAME JO			kins			
FATH	14. BIRTHPLACI	E (city or f	fown)			Name of operation Date of	of
-		country)		and			an autopsy?_NO_
MOTHER	15. MAIDEN NA	ME EI	mily Dor	sey		23. If deeth was due to external ceuses (VIOLENCE) fill in also the follower	wing:
101	16. BIRTHPLACE			n d			, 19
-		r country)			- D	(Specify city or town, county and	State)
17	(Address)	pri	ngileid ykesvill	e, Md.	p. Kecord	Specify whether injury occurred in INDUSTRY, in HOME, or in Public	PLAUE.
18	BURIAL, CREMA	tion, or	REMOVAL .	Date Sels	L/2, 19 36		
19	UNDERTAKER	Wist	lliane	Cook		24. Was diseese or injury in any way related to occupation of daceesad?	No
_	(Address)	B	stern	oil 9	ne.	If so, specify	
20	FILED SEL	9	1935 QA	larry.	Heer	(Signed) Mary J. Bulk.	nd. M.D.
ii,	/				ледіятат.	(Audiess)	

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
MINEAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

-WRITE

V. S. No. 1

certificate.

TION is very important. See instructions on back of

Every item of infor-

of OCCUPA-

STATE C	OF MAR	YLAND-	CERTIFICATE OF DEATH 979	39
1. PLACE OF DEATH			210-m	
CountyCar			Registration Dist. No. 7	
Village or City near We		(If	NoSt.,  f death occurred in a hospital or institution, give its NAME instead of street and number;  14 ds. How long in U.S. if of foreign birth?yrsmos	ds
2. FULL NAME John	David W	eller	If U.S. Veteran specify WAR	******
(a) Residence: No. 218 E	E. Main (Usual place	of abode)	St., Ward.  If nonresident give city or town and State	
PERSONAL AND STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE white	5. SINGLE, MAR OR DIVORCE	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH September 2 ,193 (Month) (Day) (Y	5 (ear)
5s. If married, widowed, or divorced HUSBAND of (or) WIFE of			22. I HEREBY CERTIFY, That I attended decease	
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months 16 6	Feb. 19,	1919  If LESS than 1 day,hrs. ormin,	to have occurred on the data stated above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance	
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc	11. Total t	ima (years) nt in this upation	Other Contributory Causes of importance:	33
12. BIRTHPLACE (city or town) (Stata or country) Mary	land			
14. BIRTHPLACE (city or town)(State or country)	Maryland	1	Name of operation Data of What test confirmed diagnosis? Was there an autopsy	n 71
15. MAIDEN NAME Marjorie  16. BIRTHPLACE (city or town)  (State or country)  Marian		onheimer	23. If death was due to external causes (VIOLENCE) fill In also the following:  Accident, suicide, or homicide? Accident. Data of injury. 1/2, 1  Where did injury occur? Herminster Suff Acry	9 <del>35</del>
17. INFORMANT Marjorie (Address) Vestmins	R. Well ter, Md.	ler	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL Place Vestminster	Date Sept	5. 5, 19 35	Manner of injury Manager of Sparle	
19. UNDERTAKER J. Fran (Address) Westmin	cis Rees ster. Mo		24. Was disease or injury in any way related to occupation of deceased?	Q

0700

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis CT 7 1903	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis .	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 m TION is very important. See instructions on back of certificate.

STATE OF	MARYLAND—CERTIFICATE OF DEATH
OF DEATH	97
Carryle	Registration/Dist. No.

0	my.	0	6 %	
3	6	. 1	U	

1	. PLACE OF DEATH	97)	,
	County Carriagle	Registration/Dist. No.	4
	Village or City Tukes ville	No. Reus feld Male Horn Sela	Ward
	Length of residence in cay or town where deeth occurred / 6 yrs 3 mos.	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?yrsmos	do
T.	Carral T 1.0 .+		03.
-	2. FULL NAME DAY & 17-E, Wheat	/ If U.S. Veteran specify WAR.	
erioso	(a) Residence: No. (Usual place of abode)	St., Ward. The Normal State of	7
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3.	4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED write the word)	21. DATE OF DEATH  (Month) (Day) (Year	) (r)
5e.	If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased	from
	DATE OF BIRTH (month, day, and year) Persuley 22 1855	I last saw hat alive on Add 9 19 3 5 deeth is	V-N-
-	DATE OF BIRTH (month, day, and year) Resulter 22 / 0 23  AGE Years Months Days If LESS than	to have occurred on the date stated ebove, at	2 2ain
	79 8 18 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of Importance	
7	8. Trade, profession, or particular	Were es follows:	onset
OCCUPATION	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Meleters Elexans 19	19
JPA	Industry or business lin which work was done, as SILK MILL, SAW MILL, BANK, etc		
000	10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this		
	Mukupur -	Other Contributory Causes of importence:	
12.	(State or country)		
22	13. NAME Solve Wheatley		
FATHER	14, BIRTHPLACE (city or town) Faward Co	Neme of operation	
FA	(State or country) Make Caul	What test confirmed diagnosis? Was there an autopsy?	Us
ER	15. MAIDEN NAME Malyakett Surges	23. If death was due to external causes (VIOLENCE) fill in also the following:	
MOTHER	16. BIRTHPLACE (city or town)  (Stete or country)  Make Land	Accident, suicide, or homicide?, 19_ Where did injury occur?, 19_	
17	INFORMANT (Address) Decards	(Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.	
18	BURIAL CREMATION, OP REMOVALERY Date Sefet 12, 1835	Manner of injury	
19	UNDERTAKER WILL Story I LEW (Addyess) Surville Mit-	24. Was disease or injury in any way related to occupation of deceased?	
20	FILENCIAN 10, 135 affaired Free	(Signed) March III, Cees.	M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example L	19	Example II	
The principal cause of death and related causes of importance were as follows:	pate of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 1935	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis OCI	1921	Run over by street car	1 week ago
Cerebral hemorrhage V. S.	Juy5,1927	Peritonitis	3 days ago
The state of the s			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year